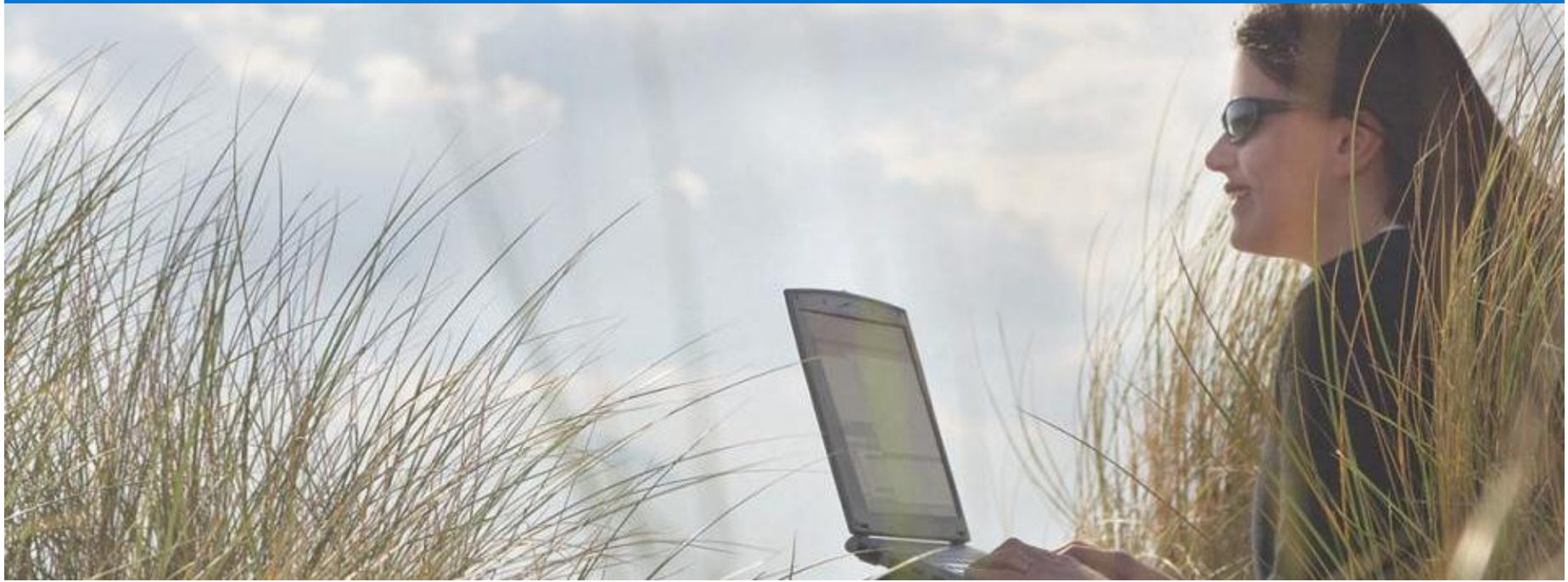
e-Services User Manual

For Policyholders

MetLife



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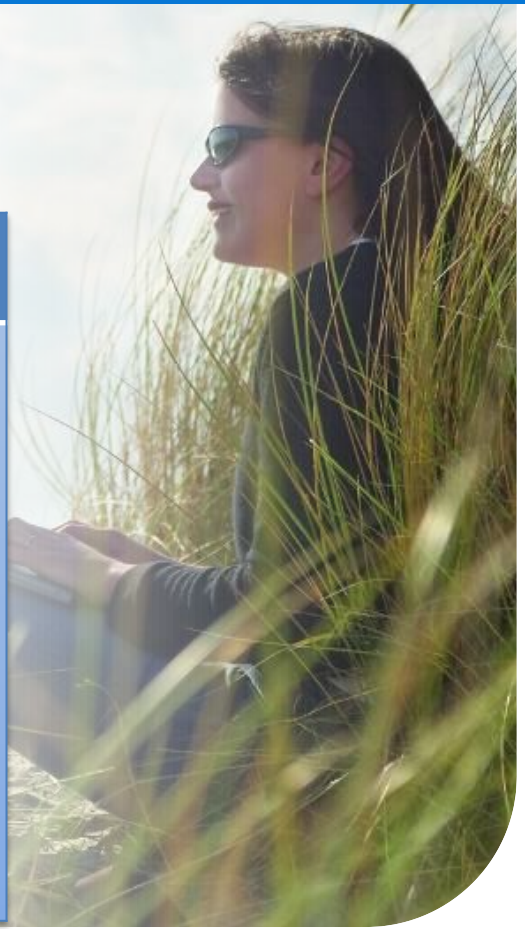
91 FREQUENTLY ASKED QUESTIONS

E-SERVICES

A State Of The Art Online Portal

e-Services is a state of the art online portal that will allow Agents to view and manage policies.

KEY FEATURES	BENEFITS
• Portfolio Inquiry: Member and dependent details • Member maintenance • Coverage details • View and download Table of Benefits • Claims summary • Billing inquiry • Certificates, Reports and Form download • Commission Report	• Complete coverage / benefits information • Submit & Monitor Claims • Edit profile information • Search for medical providers • Download forms

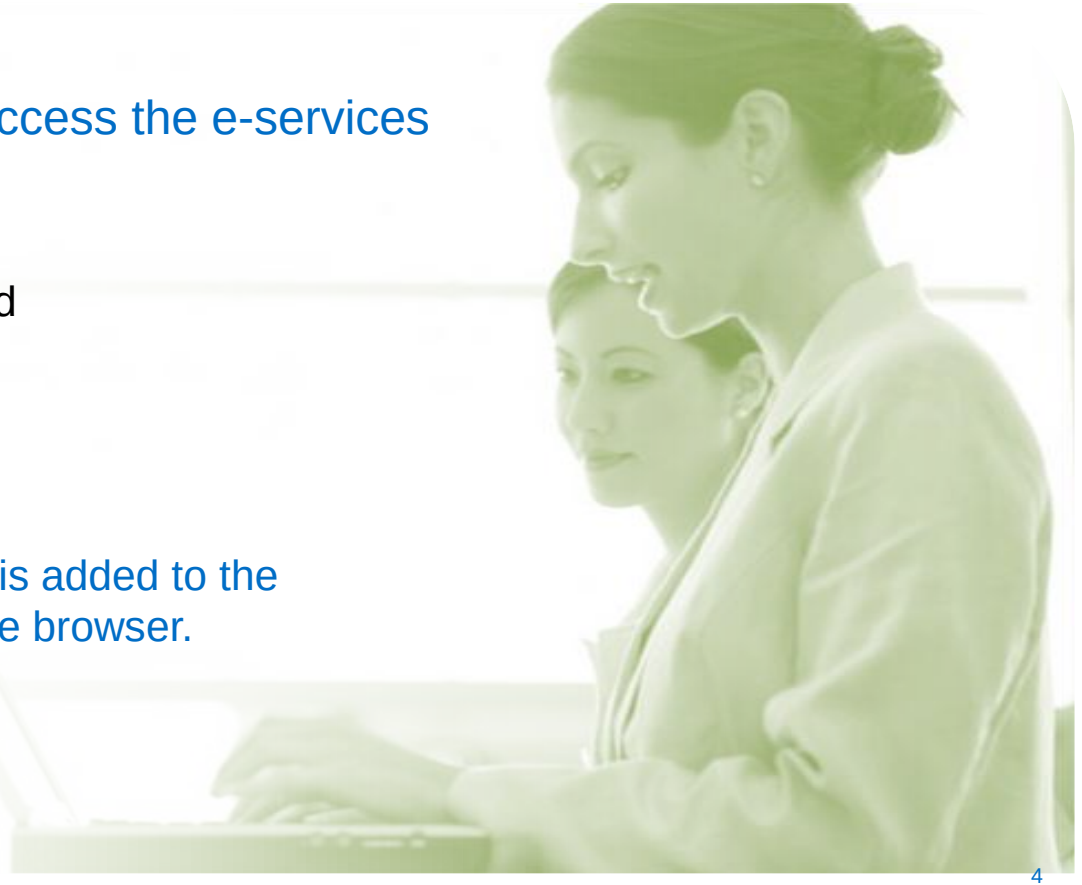


The minimum requirements to access the e-services portal

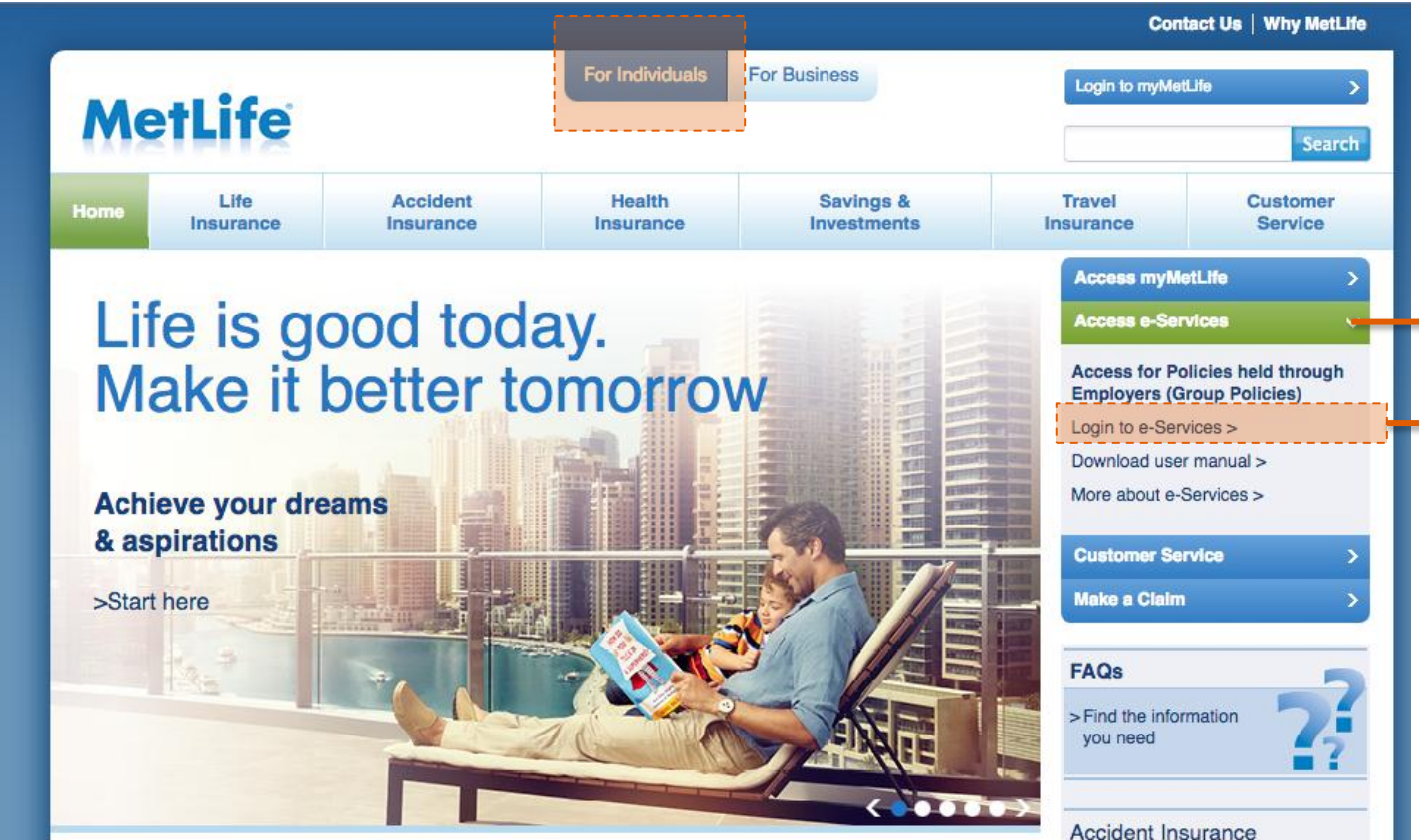
- Internet Explorer 7 or higher
- Pop-up blocker to be disabled

NOTE:

Please ensure that **metlife.ae** is added to the compatibility view setting on the browser.



LOG IN



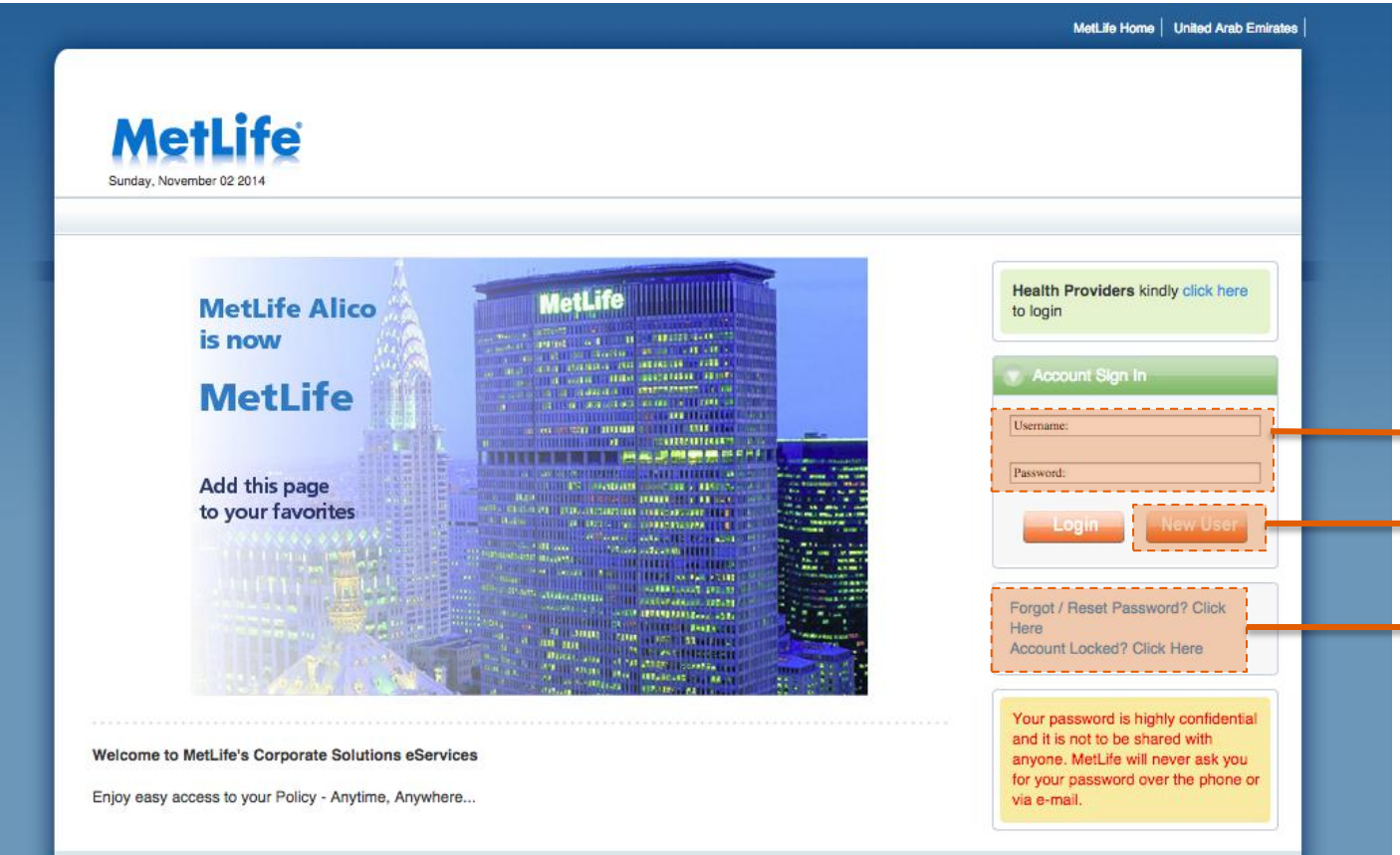
Visit www.metlife.ae

Go to "**Access e-Services**"

Click on "**Login to e-Services**"

Visit www.metlife.ae

Click on "**Login to e-Services**"


MetLife Home | United Arab Emirates
MetLife
Sunday, November 02 2014
MetLife Alico is now MetLife
Add this page to your favorites
Welcome to MetLife's Corporate Solutions eServices
Enjoy easy access to your Policy - Anytime, Anywhere...
Health Providers kindly click here to login
Account Sign In
Username:
Password:
Login
New User
Forgot / Reset Password? Click Here
Account Locked? Click Here
Your password is highly confidential and it is not to be shared with anyone. MetLife will never ask you for your password over the phone or via e-mail.

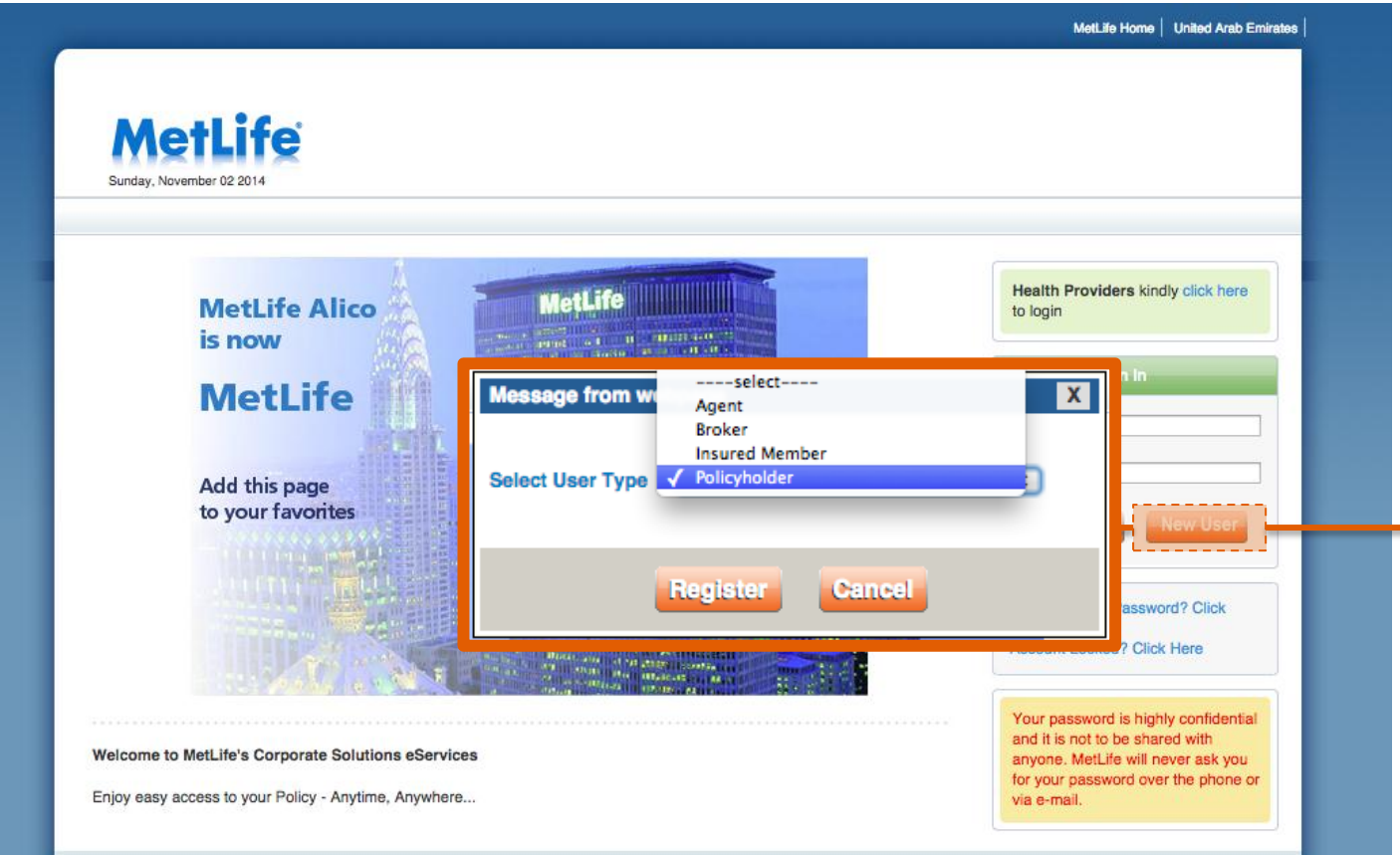
Enter your Username & Password then click on "**Login**"

(continue on page 11)

Click here if you are a new user

(Continue on page 9)

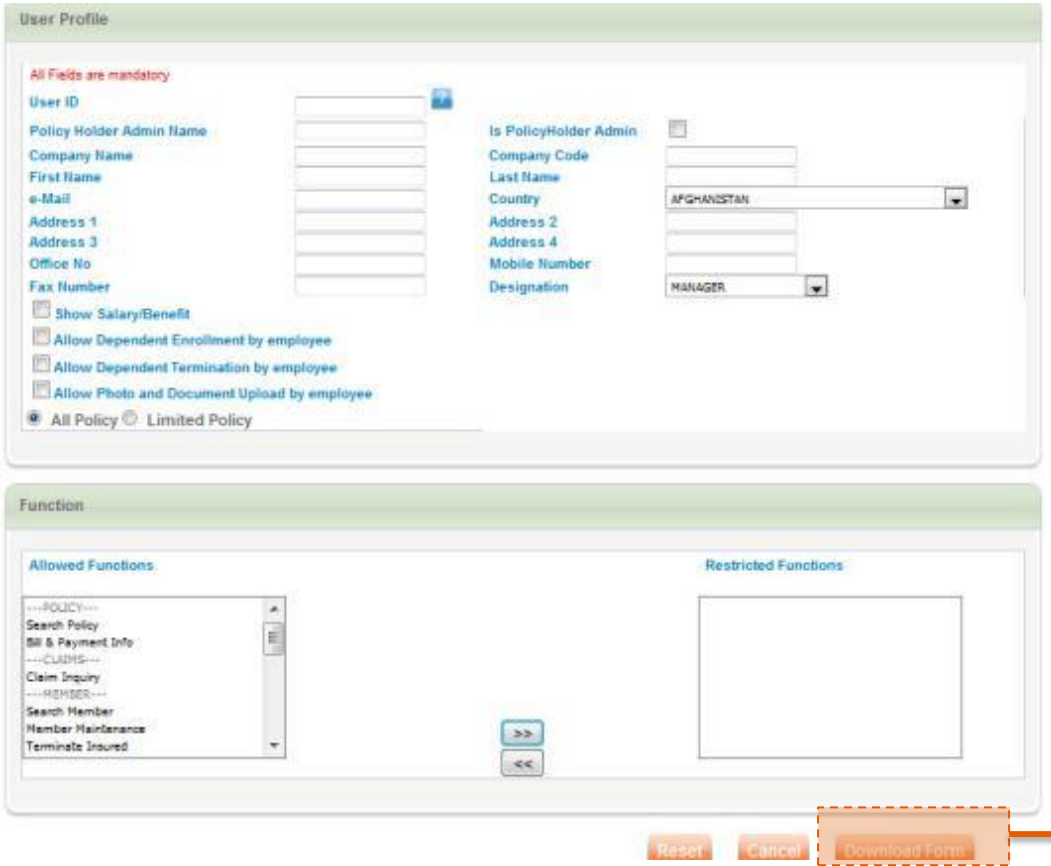
Click Here if you forgot your password or if your account is locked


MetLife Home | United Arab Emirates
MetLife
Sunday, November 02 2014
MetLife Alico is now MetLife
Add this page to your favorites
Health Providers kindly click here to login
Message from w
----select----
Agent
Broker
Insured Member
Policyholder
Select User Type
Register
Cancel
New User
Welcome to MetLife's Corporate Solutions eServices
Enjoy easy access to your Policy - Anytime, Anywhere...
Your password is highly confidential and it is not to be shared with anyone. MetLife will never ask you for your password over the phone or via e-mail.

Once you click on "**New User**" a window will pop up,

Select your access type:
Agent
Broker
Insured member
Policyholder

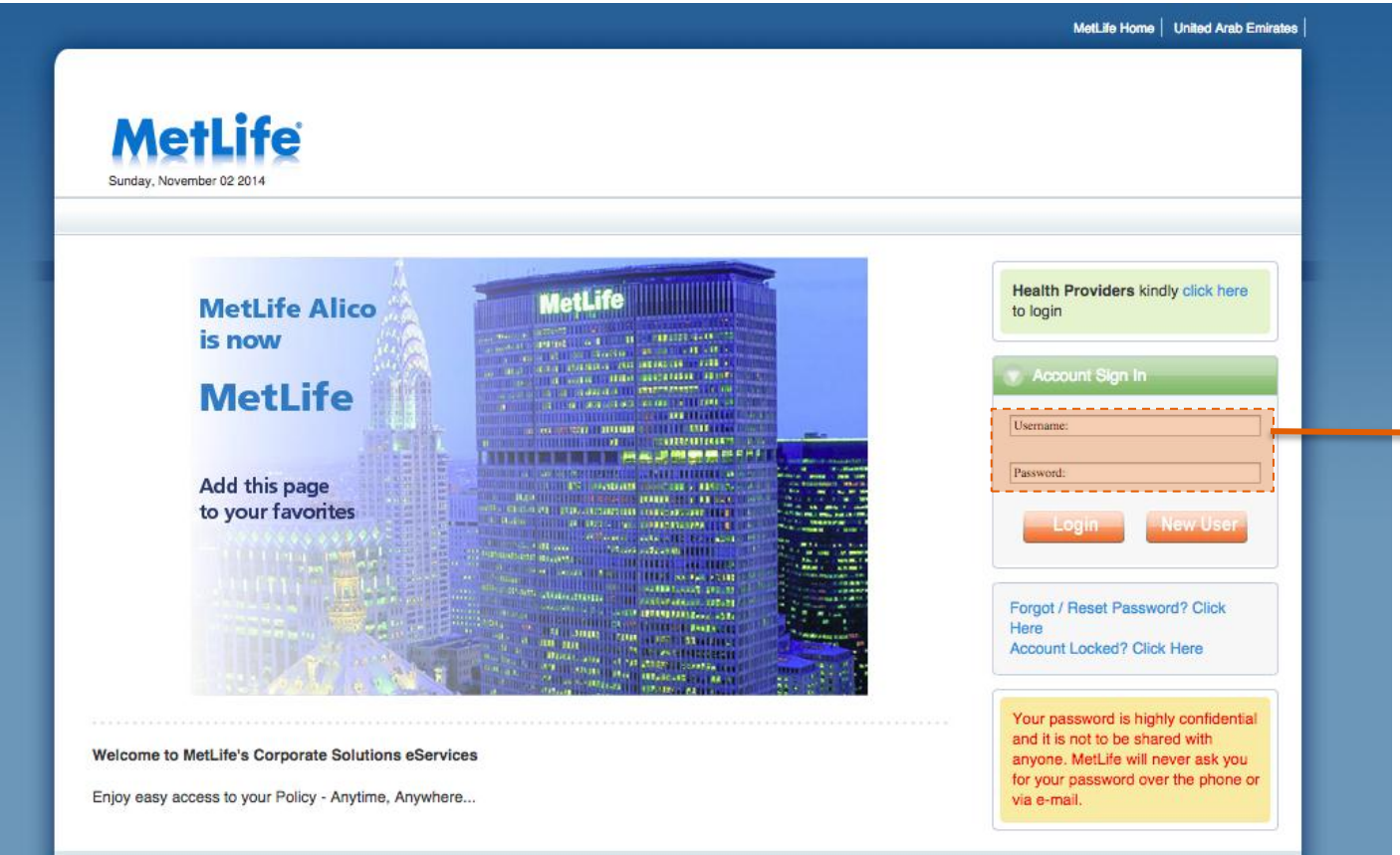
Then click on "**Register**"



Just fill the information and click on "**Download Form**"

NOTE: Under "**User ID**" (1st field), you may select any ID you prefer

Once downloaded, the form needs to be shared with your MetLife Corporate Solutions Team.


MetLife Home | United Arab Emirates
MetLife
Sunday, November 02 2014
MetLife Alico is now MetLife
Add this page to your favorites
MetLife
Health Providers kindly click here to login
Account Sign In
Username:
Password:
Login
New User
Forgot / Reset Password? Click Here
Account Locked? Click Here
Your password is highly confidential and it is not to be shared with anyone. MetLife will never ask you for your password over the phone or via e-mail.
Welcome to MetLife's Corporate Solutions eServices
Enjoy easy access to your Policy - Anytime, Anywhere...

When you log in for the first time, the system will automatically prompt you to:

- Create a new password
- Set up a secret question

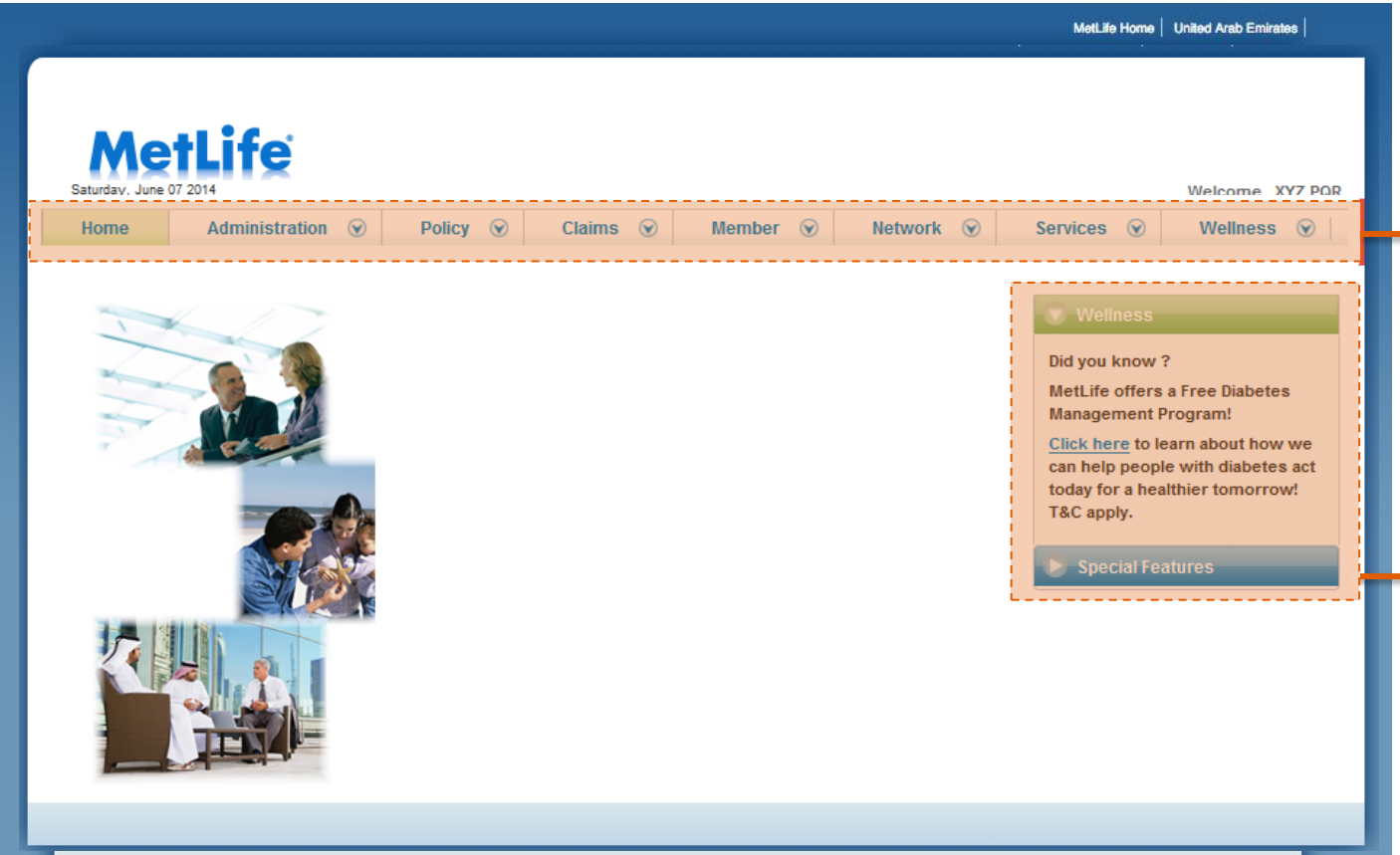
Once this activity is completed, you can log in again with your new password

PASSWORD RULES:

Do make sure you've selected a password that is of a length between 8-13, is alphanumeric (A-Z, a-z, 0-9)

The in-built security features of the e-Services portal ensure that any information that you access of transmit via this portal is secure and not compromised

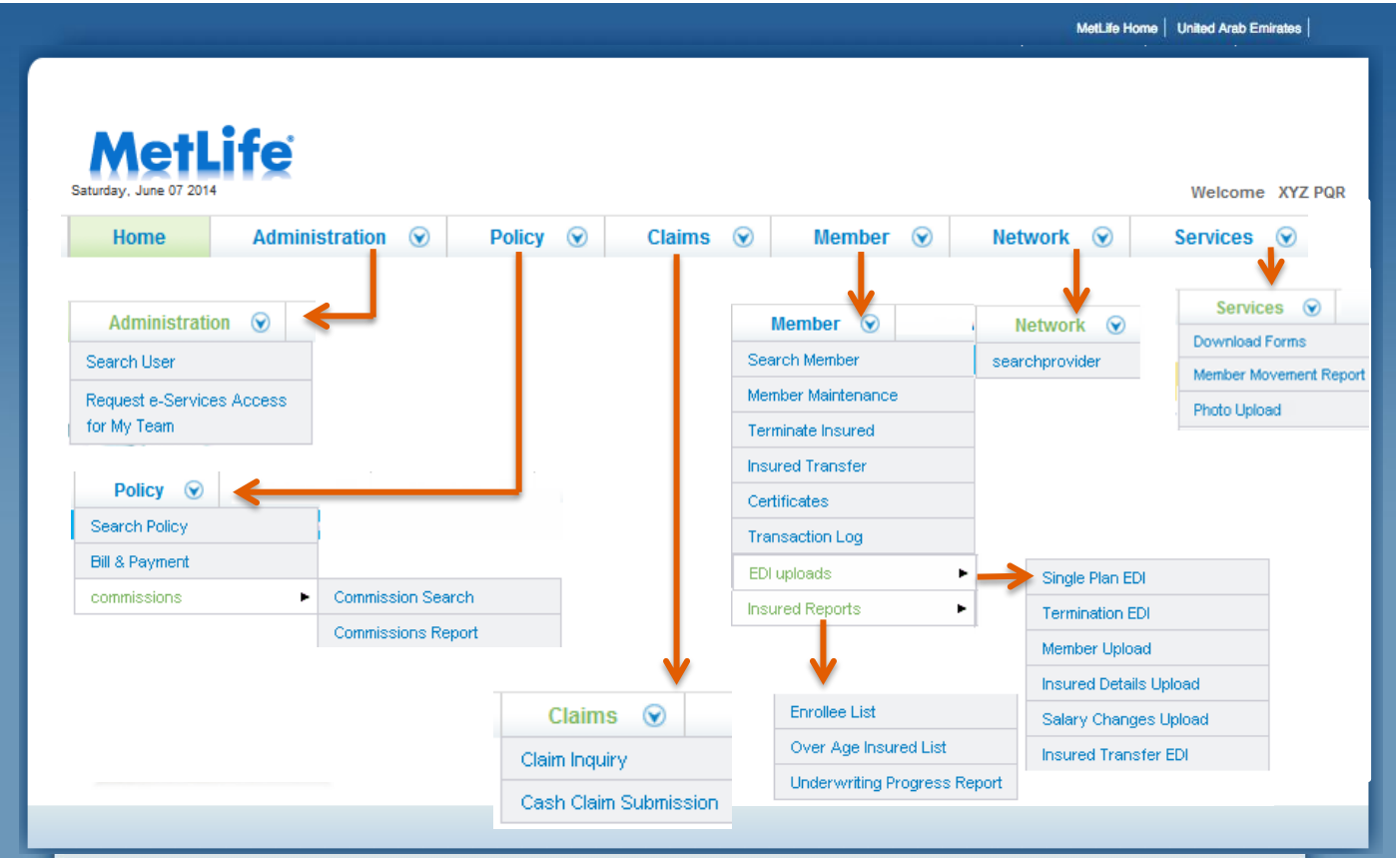
HOME PAGE



MetLife's **e-Services** is a central hub, In which you can find all the required forms and templates to manage your policy, generate certificates, and much more…

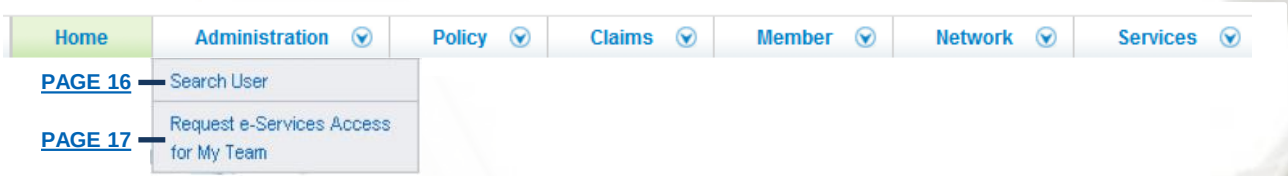
Toolbar with a selection of services

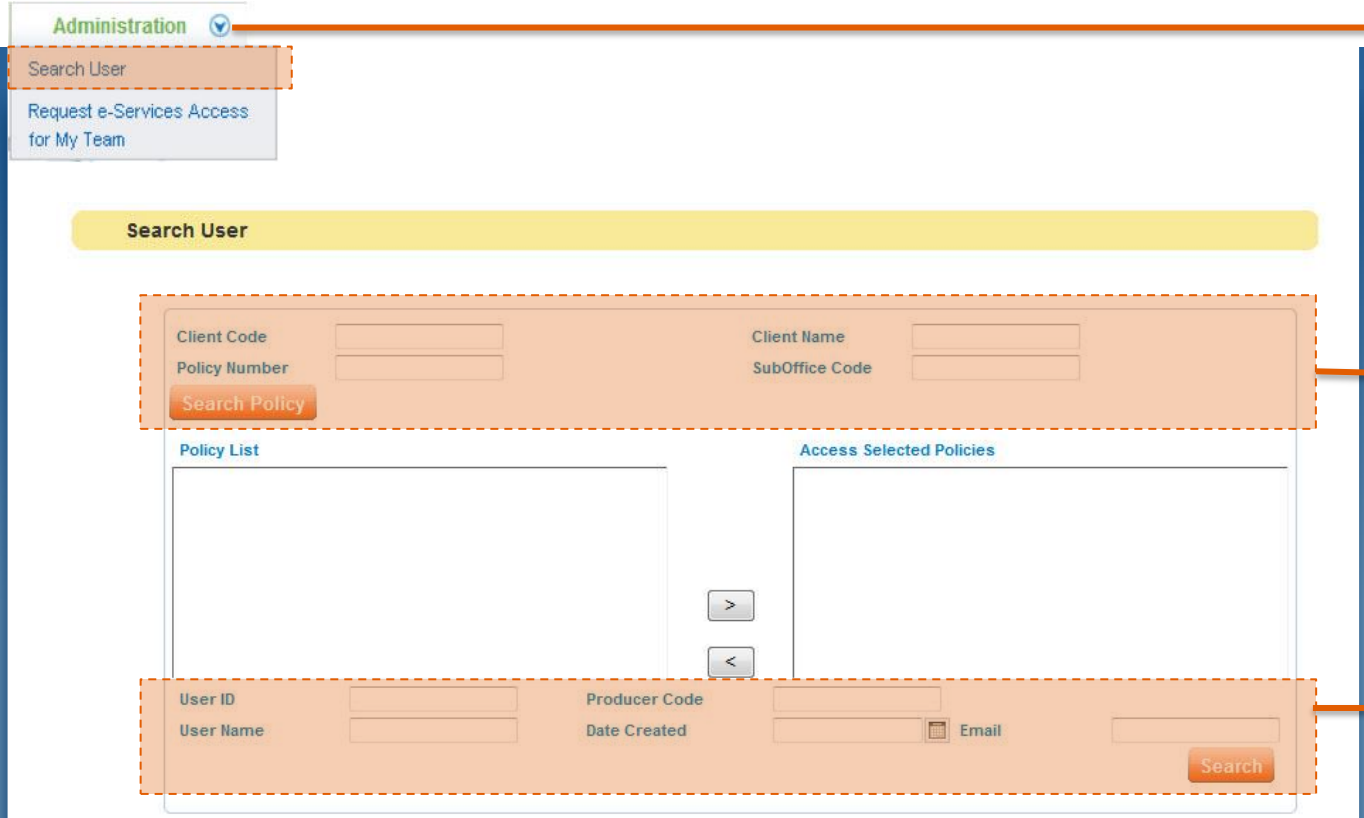
Access of Offers and Special Features



Toolbar Menus

ADMINISTRATION





NOTE: Only Agency Managers will have access to the ADMINISTRATION menu

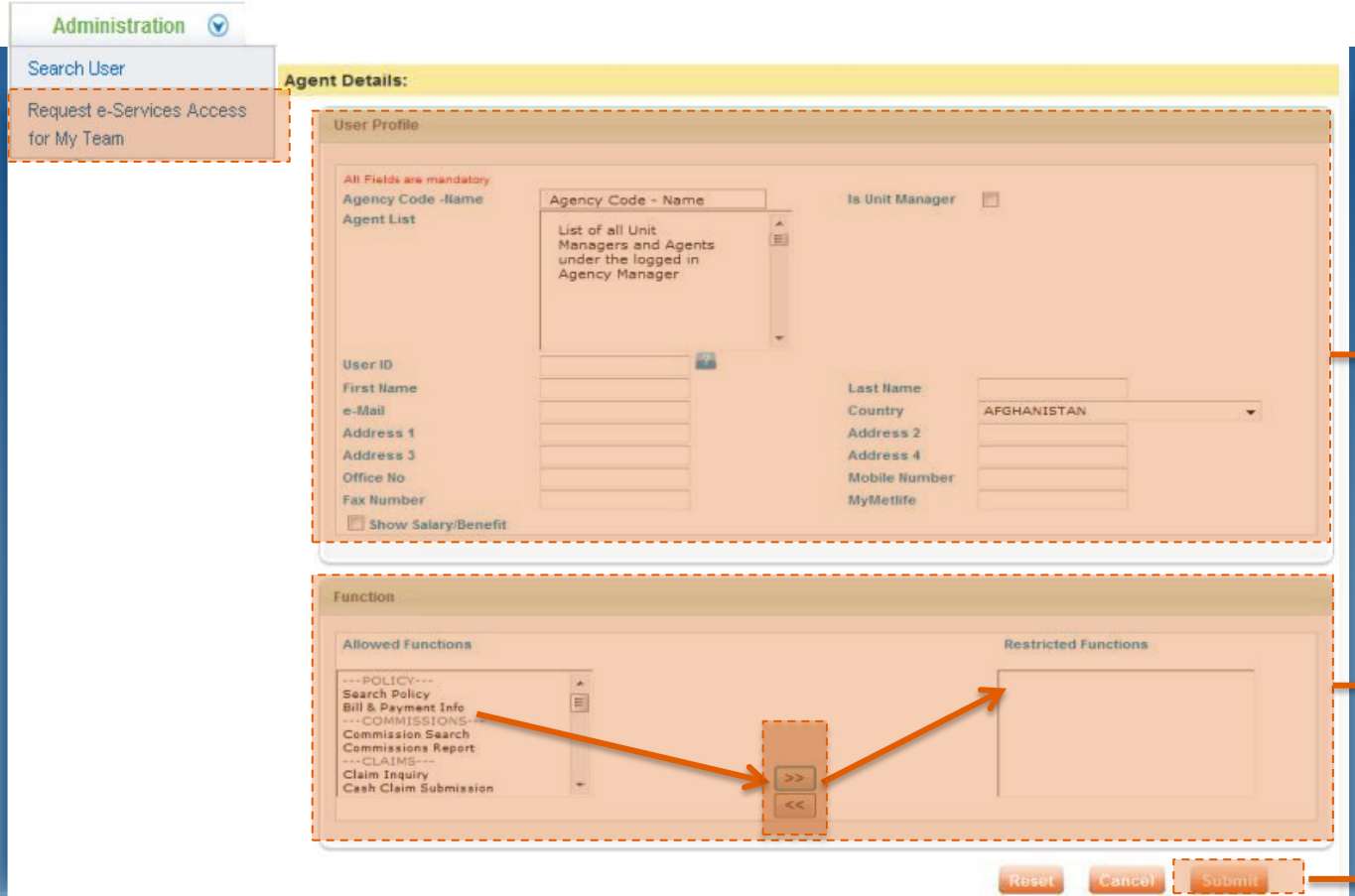
There are 2 options to search for a user

OPTION 1:

Search by entering Policy details of a client

OPTION 2:

Search by entering User details



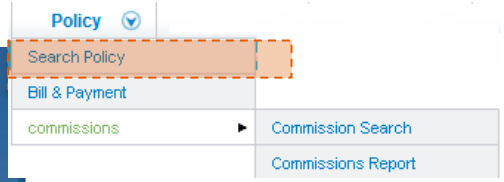
Enter the user details

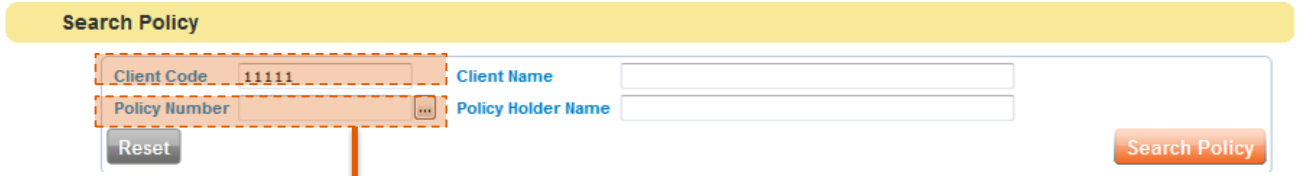
Select Required functions

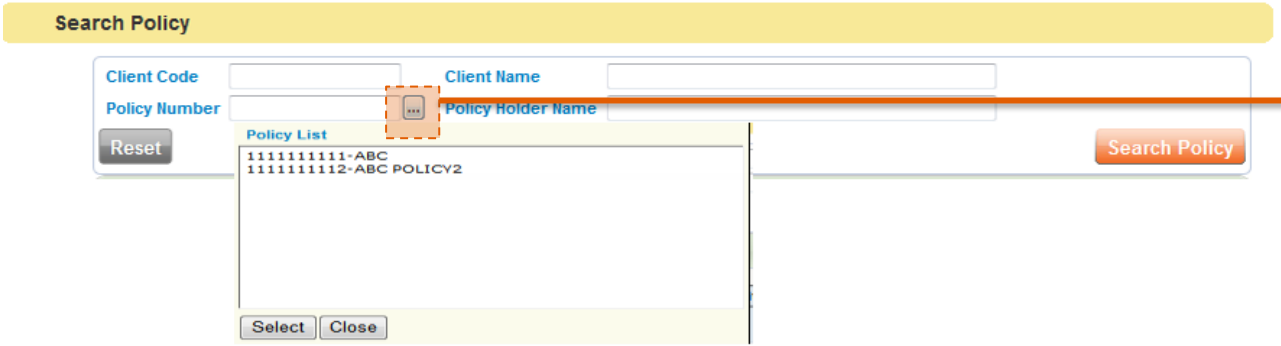
Click "**Submit**" to create an access request

POLICY

Home
Administration
Policy
Claims
Member
Network
Services
PAGE 19
Search Policy
PAGE 24
Bill & Payment
PAGE 30
commissions
Commission Search
Commissions Report







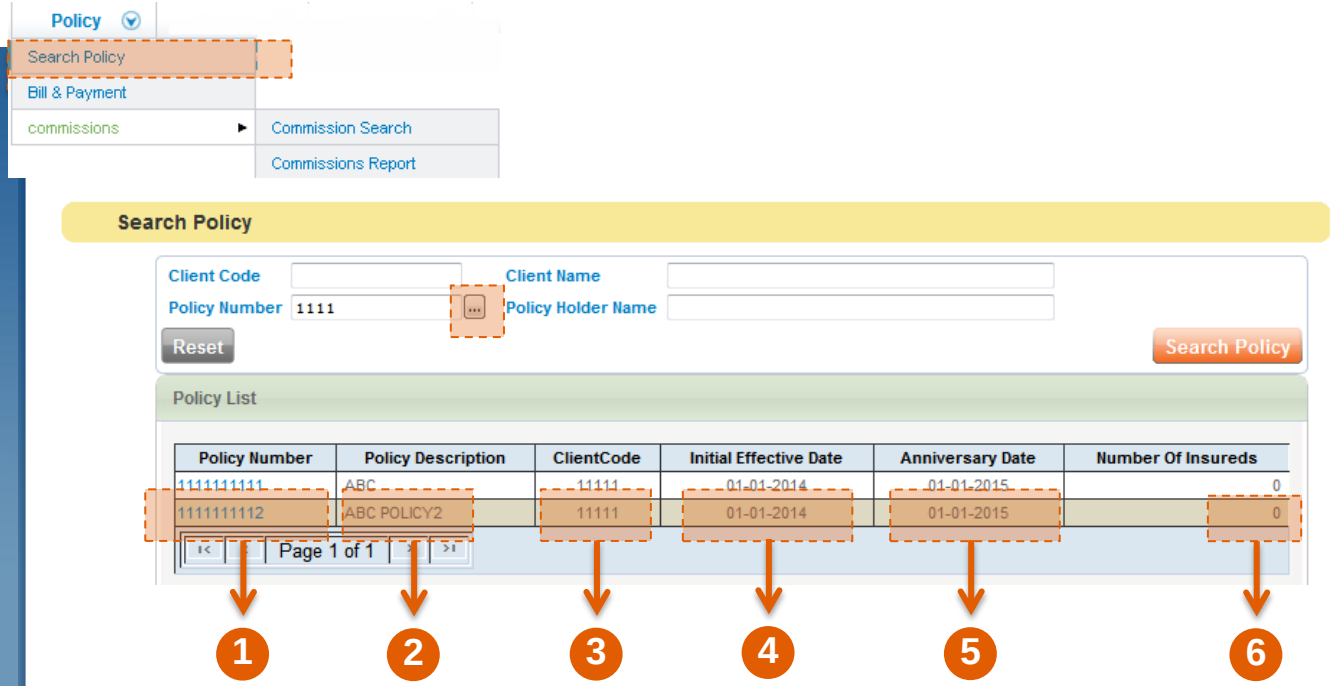
There are 3 ways to look for a policy

OPTION 1:
Search by Client Code

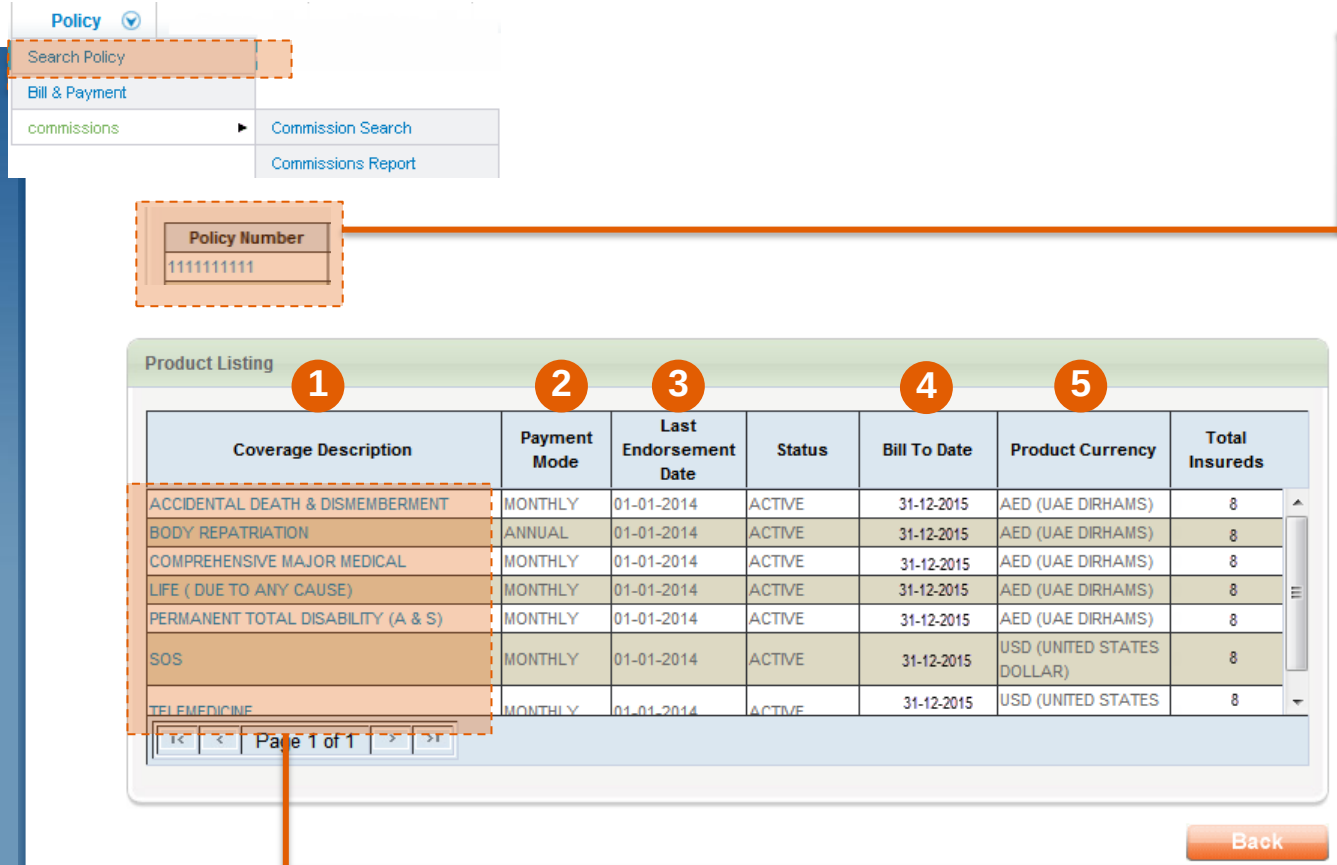
OPTION 2:
Search by Policy Number

OPTION 3:
Search by retrieving the Policy list and select the required policy

(continue on page 20)



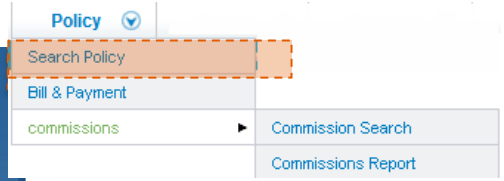
1. Click on the Policy Number to get more details on the Policy (Product List)
   (continue on Page 21)
2. Name of Policy Holder
3. Code of Policy Holder
4. Date Policy was first initiated
5. Expiry Date
6. Number of Insured under the Policy Number

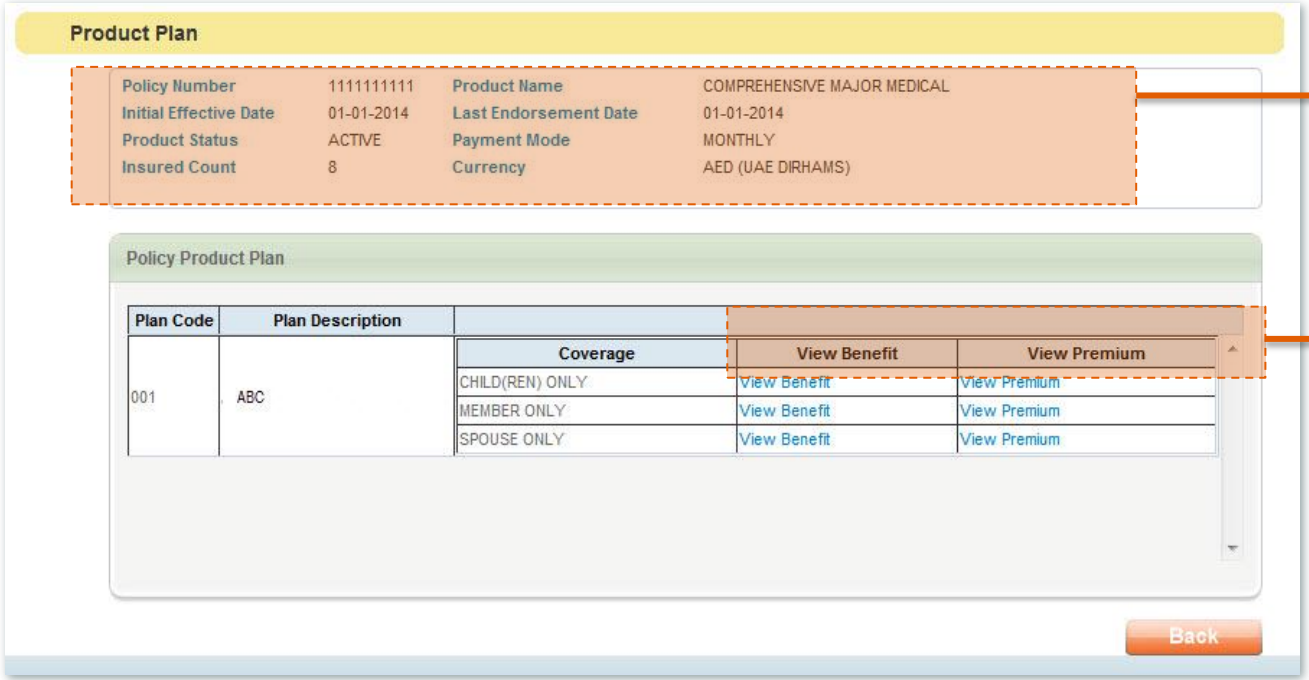


Once you click on "**Policy Number**", a list of all the products within the Policy will appear

1. Description of the coverage in the policy
2. Payment mode
3. Start date of the product
4. Date when the Product was billed
5. Currency

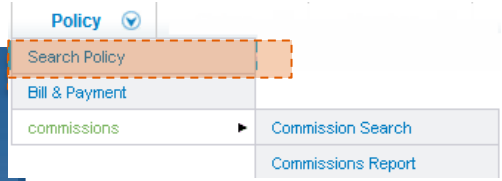
Click on any coverage descriptions to get the Benefits and Premium details ("**Product Plan**")

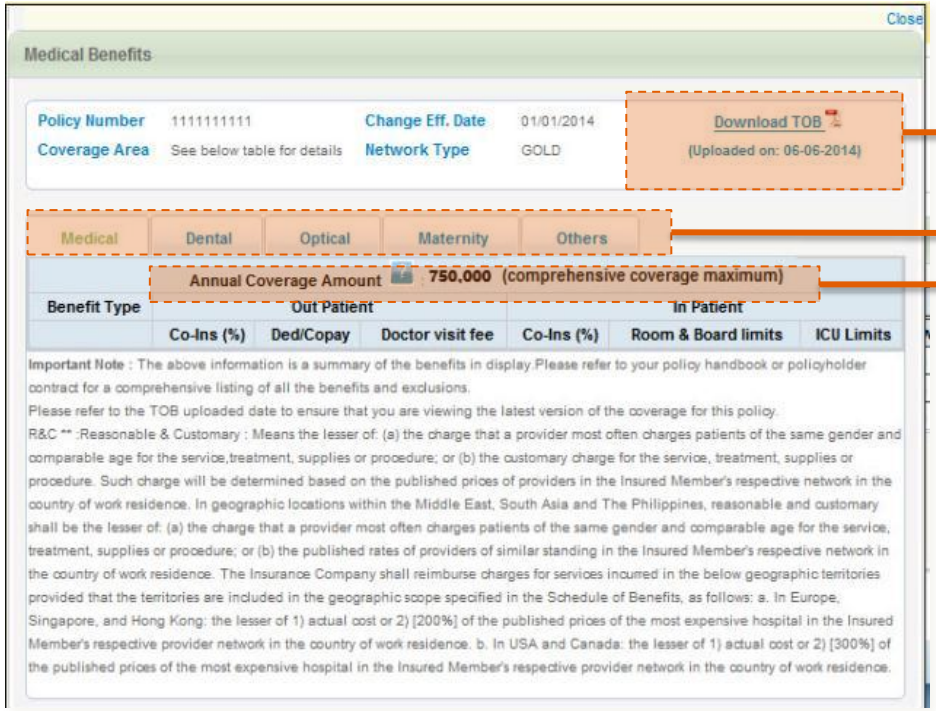




Product Details

Click on "**View Benefit**" or "**View Premium**" to get more information about the Product



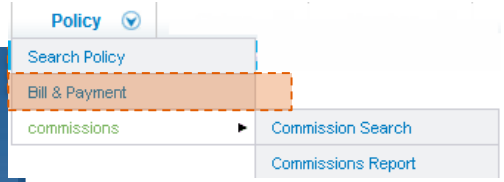

Close
Medical Benefits
Policy Number 1111111111
Change Eff. Date 01/01/2014
Coverage Area See below table for details
Network Type GOLD
Download TOB
(Uploaded on: 06-06-2014)
Medical
Dental
Optical
Maternity
Others
Annual Coverage Amount 750,000 (comprehensive coverage maximum)
Benefit Type
Out Patient
In Patient
Co-Ins (%)
Ded/Copay
Doctor visit fee
Co-Ins (%)
Room & Board limits
ICU Limits
Important Note : The above information is a summary of the benefits in display.Please refer to your policy handbook or policyholder contract for a comprehensive listing of all the benefits and exclusions.
Please refer to the TOB uploaded date to ensure that you are viewing the latest version of the coverage for this policy.
R&C ** :Reasonable & Customary : Means the lesser of: (a) the charge that a provider most often charges patients of the same gender and comparable age for the service,treatment, supplies or procedure; or (b) the customary charge for the service, treatment, supplies or procedure. Such charge will be determined based on the published prices of providers in the Insured Member's respective network in the country of work residence. In geographic locations within the Middle East, South Asia and The Philippines, reasonable and customary shall be the lesser of: (a) the charge that a provider most often charges patients of the same gender and comparable age for the service, treatment, supplies or procedure; or (b) the published rates of providers of similar standing in the Insured Member's respective network in the country of work residence. The Insurance Company shall reimburse charges for services incurred in the below geographic territories provided that the territories are included in the geographic scope specified in the Schedule of Benefits, as follows: a. In Europe, Singapore, and Hong Kong: the lesser of 1) actual cost or 2) [200%] of the published prices of the most expensive hospital in the Insured Member's respective provider network in the country of work residence. b. In USA and Canada: the lesser of 1) actual cost or 2) [300%] of the published prices of the most expensive hospital in the Insured Member's respective provider network in the country of work residence.

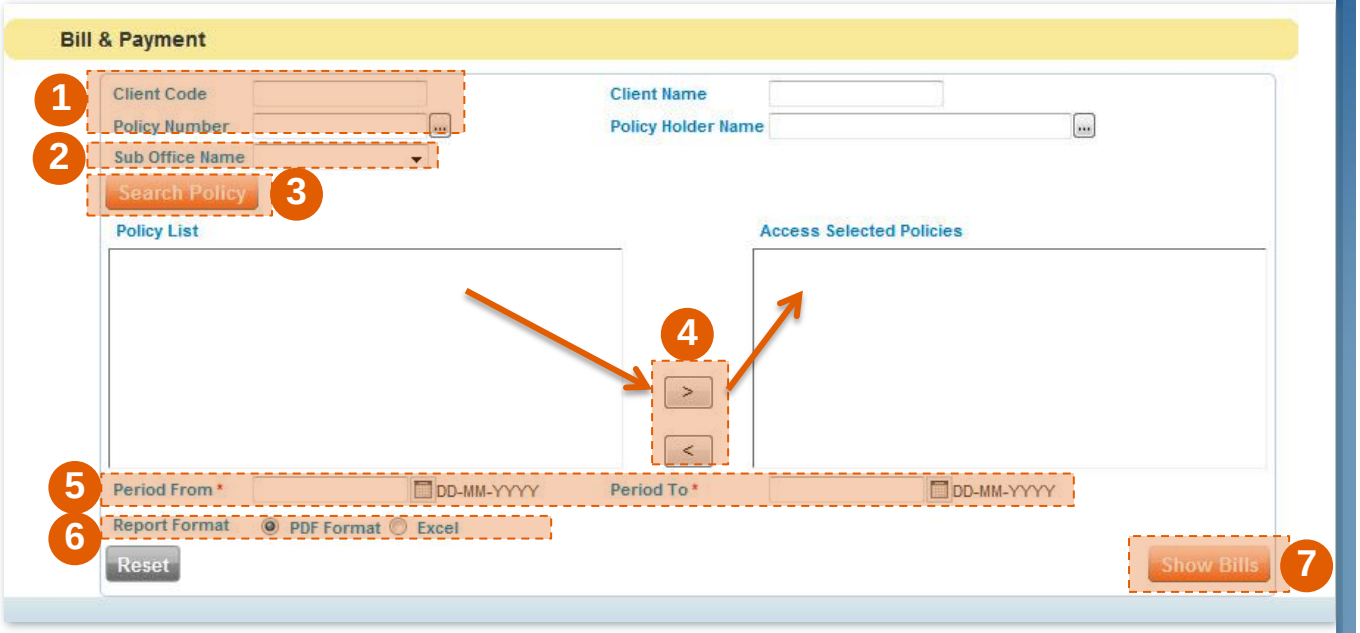
Download detailed Table of Benefits

Medical Benefits are displayed in various tabs:

Comprehensive Major Medical, Dental, Optical, Maternity and Others

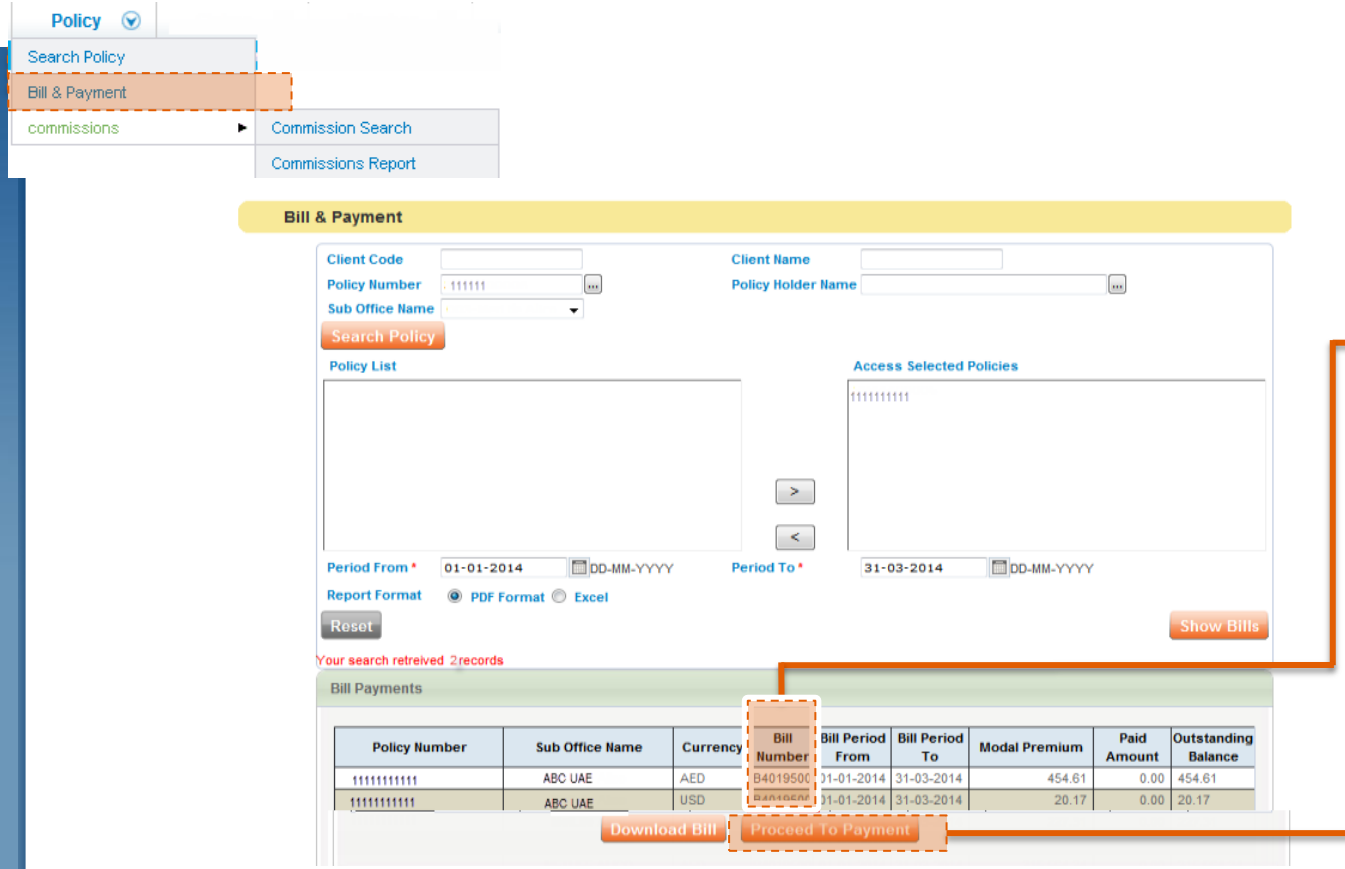
Maximum Annual Coverage





1. Search by Client Code or Policy Number
2. Select a sub-office (not mandatory)
3. Click on "**Search Policy**"
4. Move the required policy number(s) from "**Policy List**" to the "**Access Selected Policies**" list
5. Enter the requested Periods ("**From**" & "**To**")
6. Select the file format (PDF or Excel)
7. Click on "**Show Bills**"

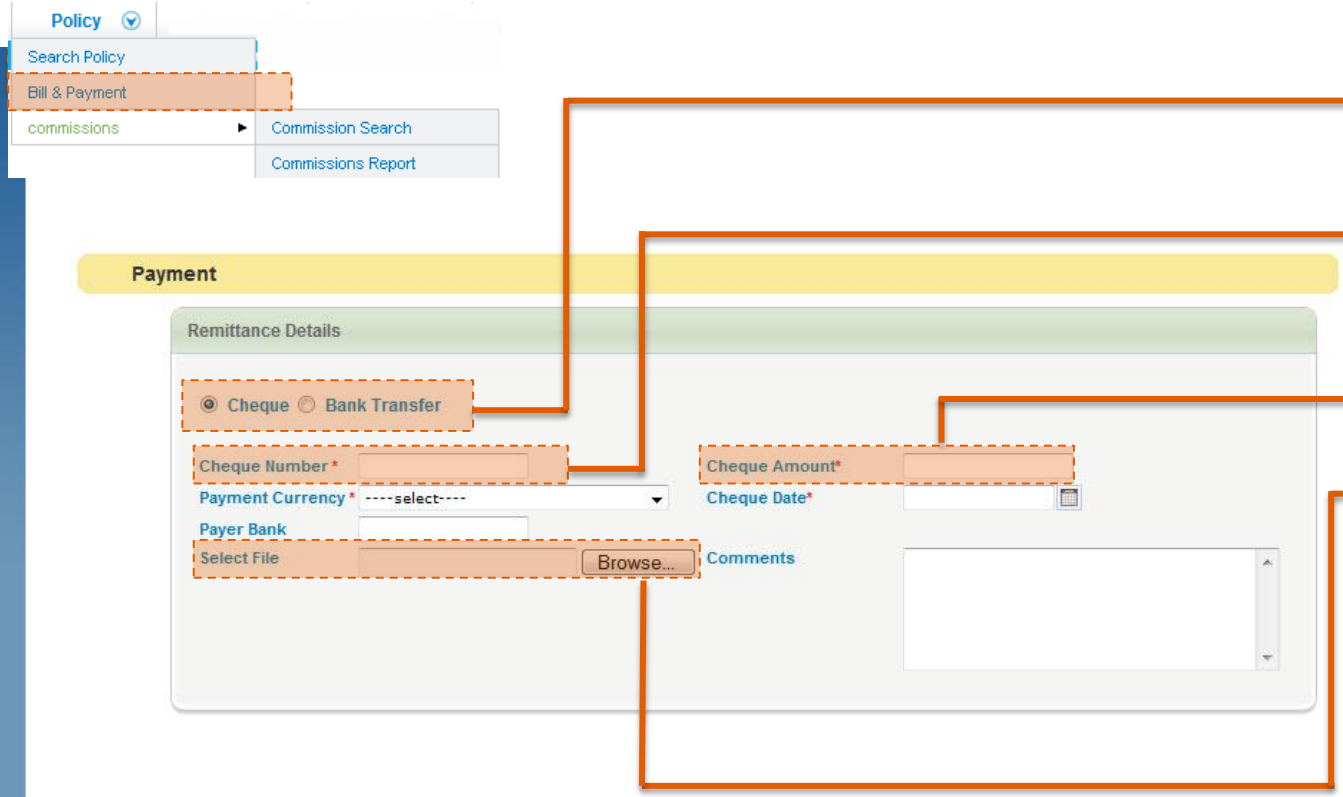
NOTE: Fields marked with a red asterix (*) are mandatory



A detailed table showing a record for each bill within the date range

Click on the Bill Number to download the bill
(PDF or Excel)

Click to submit details of payment



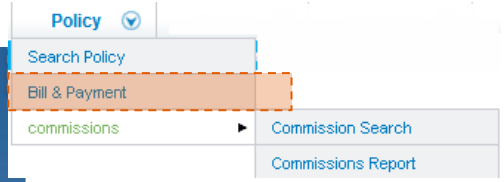
Select mode of payment made

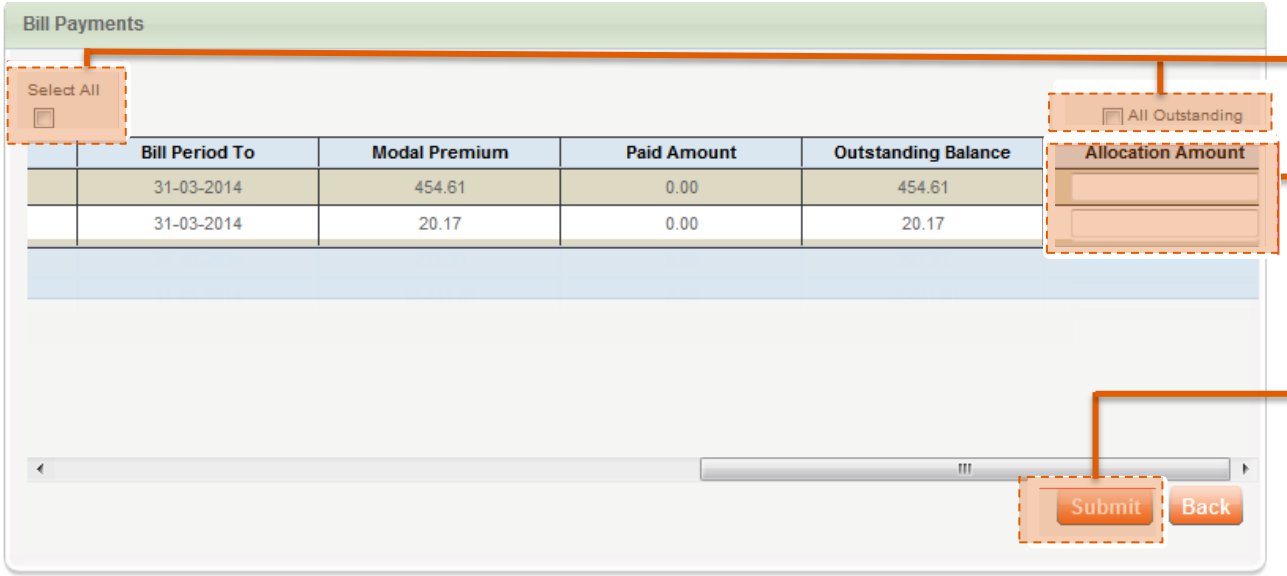
Enter details of the cheque or bank transfer (based on your selection)

Enter the amount

Upload copy of transmittal (optional)

(continue on next page)



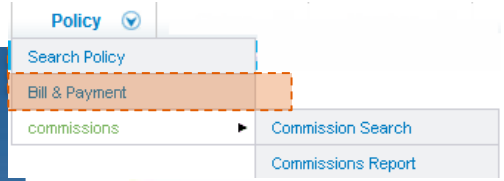


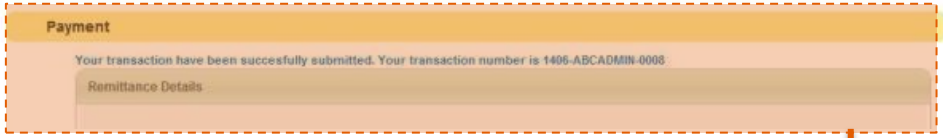
Select entries for which payment is to be allocated

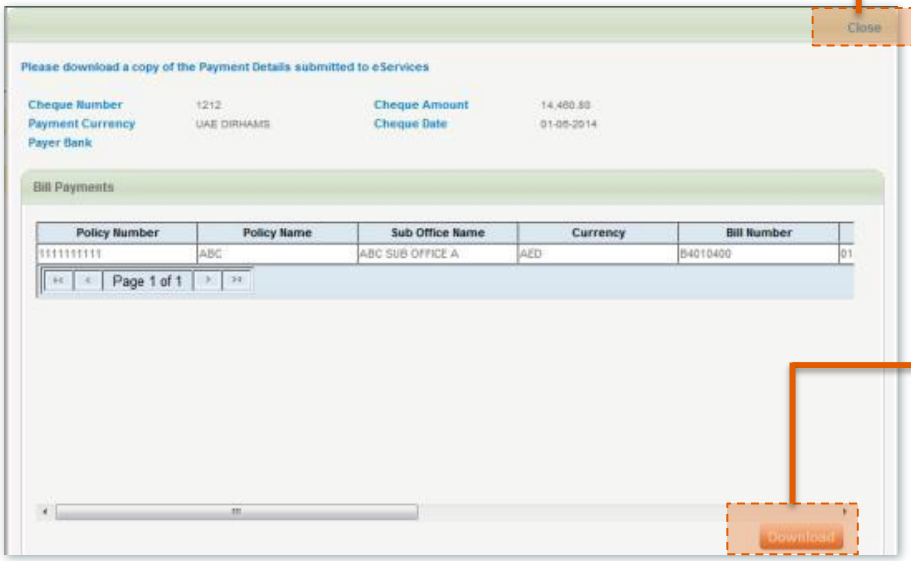
Enter allocated amount for selected entries

Submit payment allocation details to MetLife

(continue on next page)

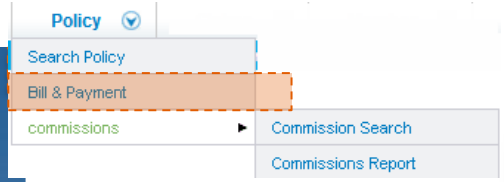


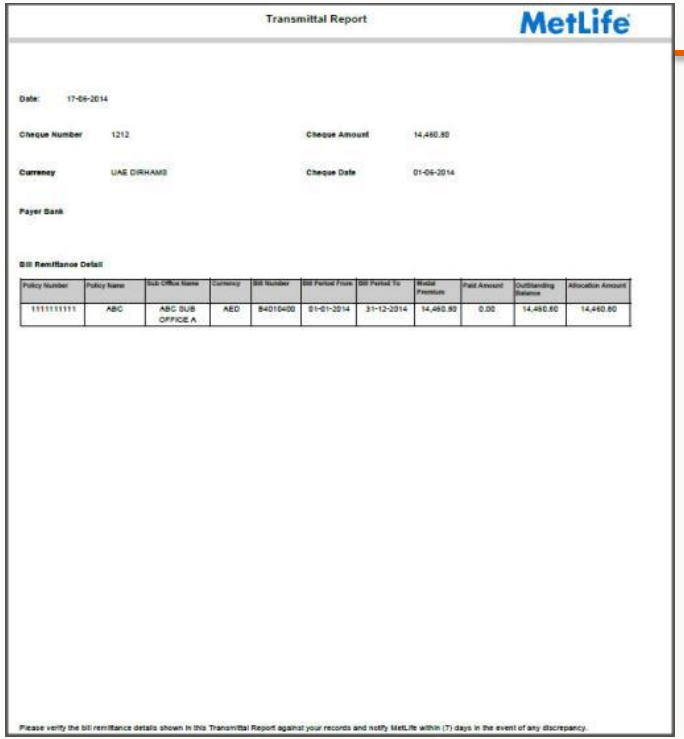

Payment
Your transaction have been succesfully submitted. Your transaction number is 1406-ABCADMIN-0008
Remittance Details



Once you click on close, You will get a reference number for the transaction

Click on “**Download**” to get a copy





Transmittal Report

MetLife

Date: 17-06-2014

Cheque Number 1212 Cheque Amount 14,460.80

Currency UAE DIRHAMS Cheque Date 01-06-2014

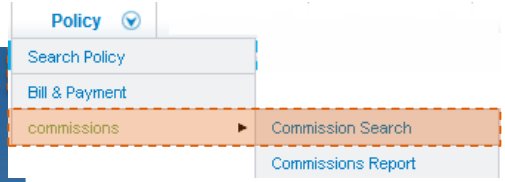
Payer Bank

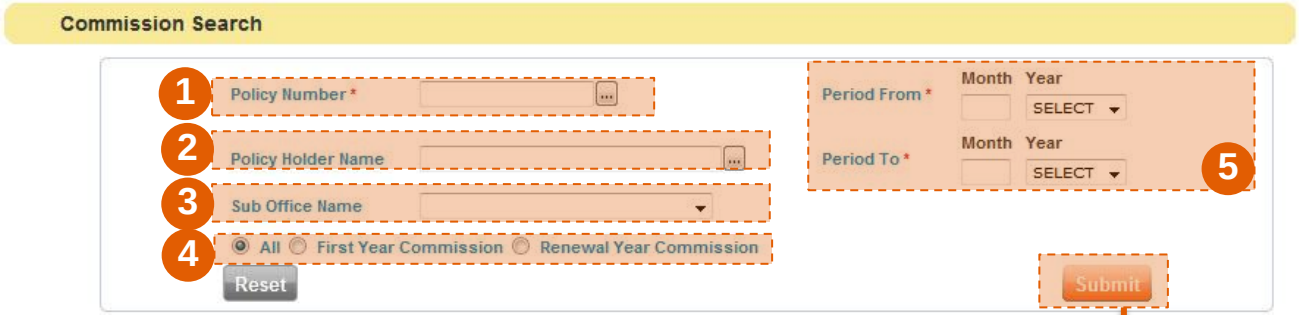
Bill Remittance Detail

Policy Number	Policy Name	Sub Office Name	Currency	Bill Number	Bill Period From	Bill Period To	Modal Premium	Paid Amount	Outstanding Balance	Allocation Amount
1111111111	ABC	ABC SUB OFFICE A	AED	84016400	01-01-2014	31-12-2014	14,460.80	0.00	14,460.80	14,460.80

Please verify the bill remittance details shown in this Transmittal Report against your records and notify MetLife within (7) days in the event of any discrepancy.

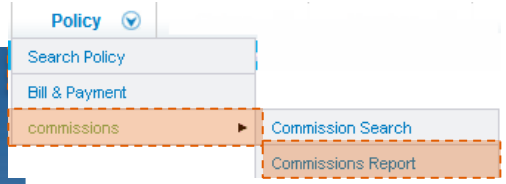
Transmittal Report Template

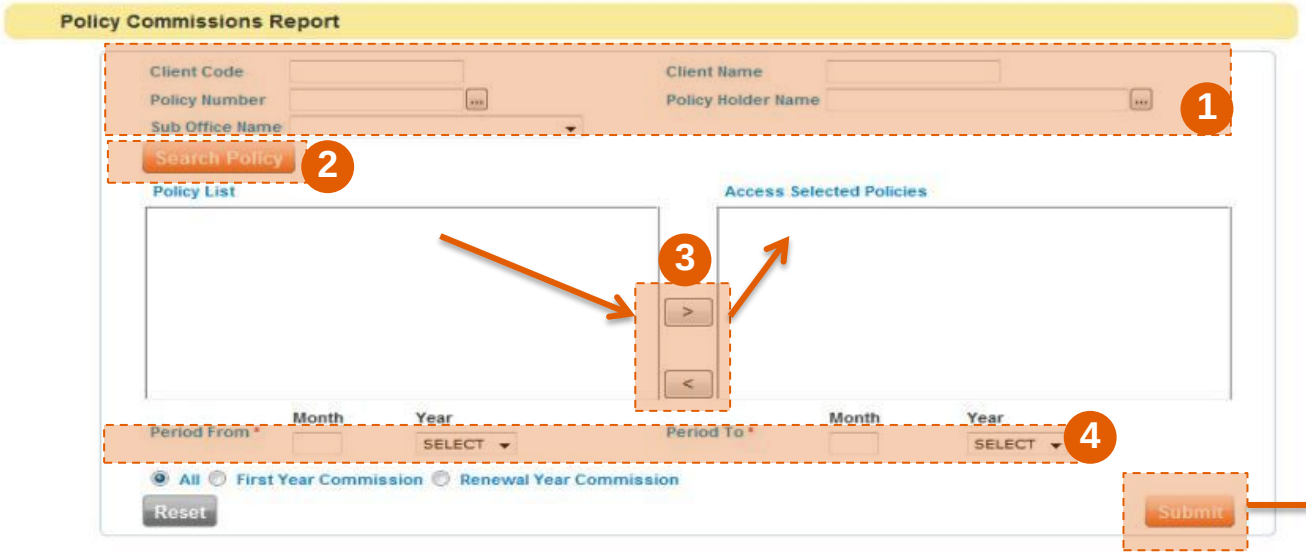




1. Enter or select the Policy Number
2. Enter or select the Policy Holder name (optional)
3. Select the Sub Office Name (optional)
4. Choose the type of commission you are looking for
5. Select the Period

Click on "**Submit**"

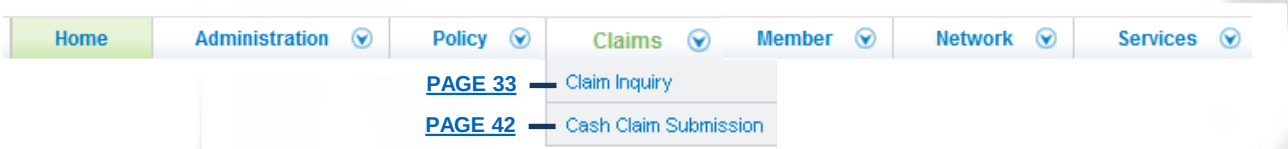




1. Enter Client details
2. Click on “**Search Policy**”
3. Move the required policy number(s) from “**Policy List**” to the “**Access Selected Policies**” list.
4. Select the Period

Click on “**Submit**”

CLAIMS


Home
Administration
Policy
Claims
Member
Network
Services
PAGE 33
Claim Inquiry
PAGE 42
Cash Claim Submission

There are 2 ways to look for a claim:

OPTION 1:

Search by entering the 18 digits “Tracking Number”

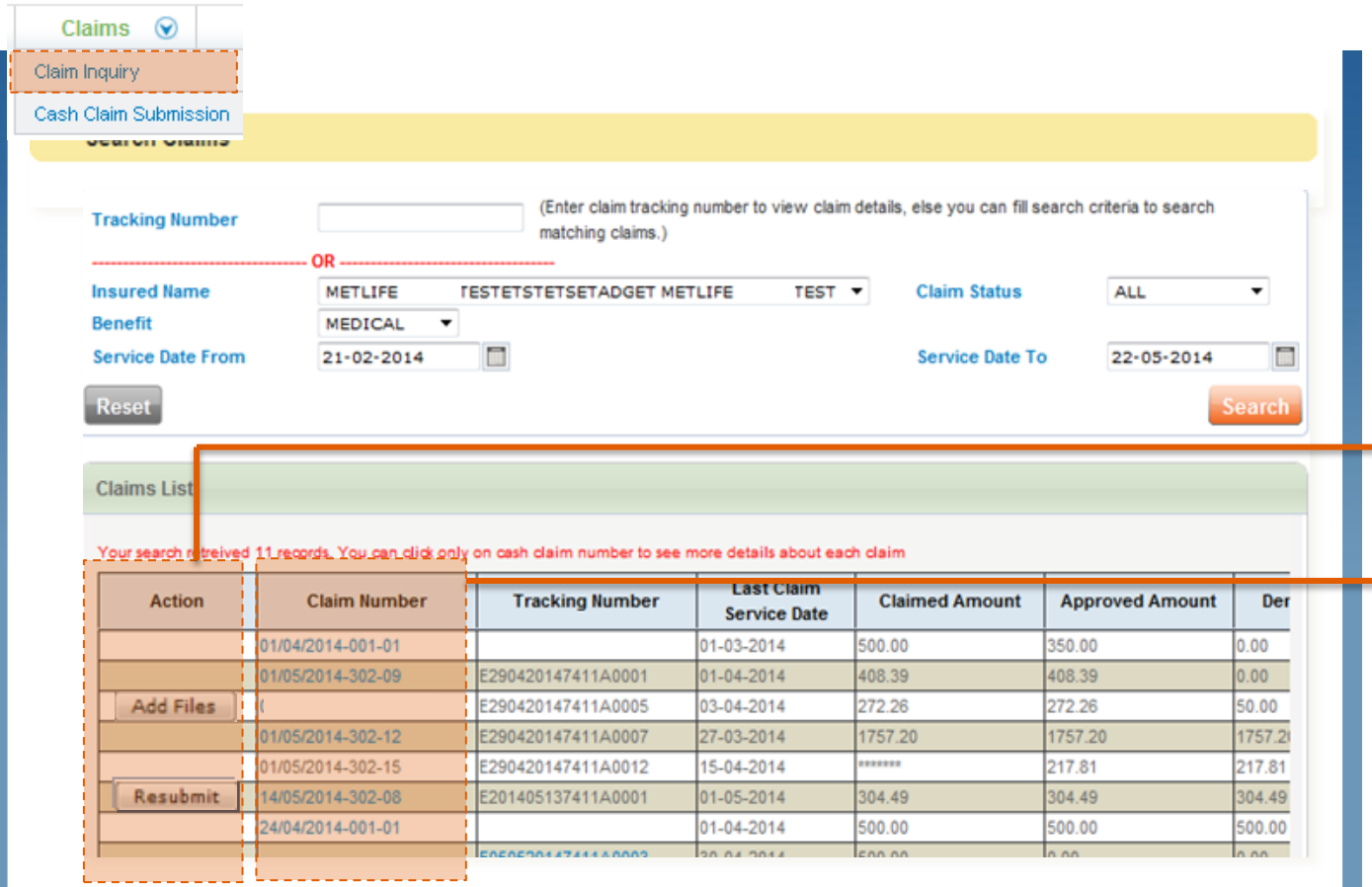
NOTE: The Tracking Number is available in the acknowledgment email

OPTION 2:

Search through the below information:

- Insured name
- Benefit
- Service date from / to
- Claim status

MetLife

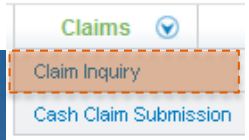


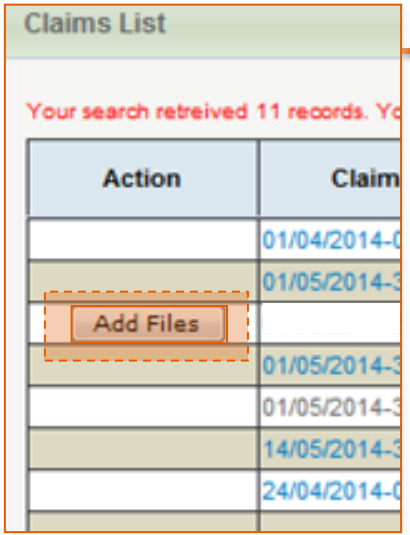
Once you click on submit, you will get a table with a list of claims reflecting the amount claimed and approved along with their tracking numbers

Click on the “**Action**” row to add or resubmit files

Click on any of the Claim Number to see the claim details

NOTE: Please go to the next page to know more about the “add” and “resubmit” features.

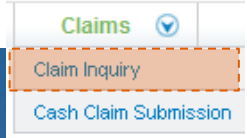


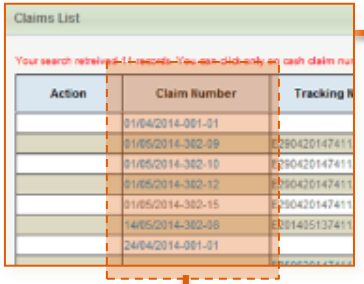


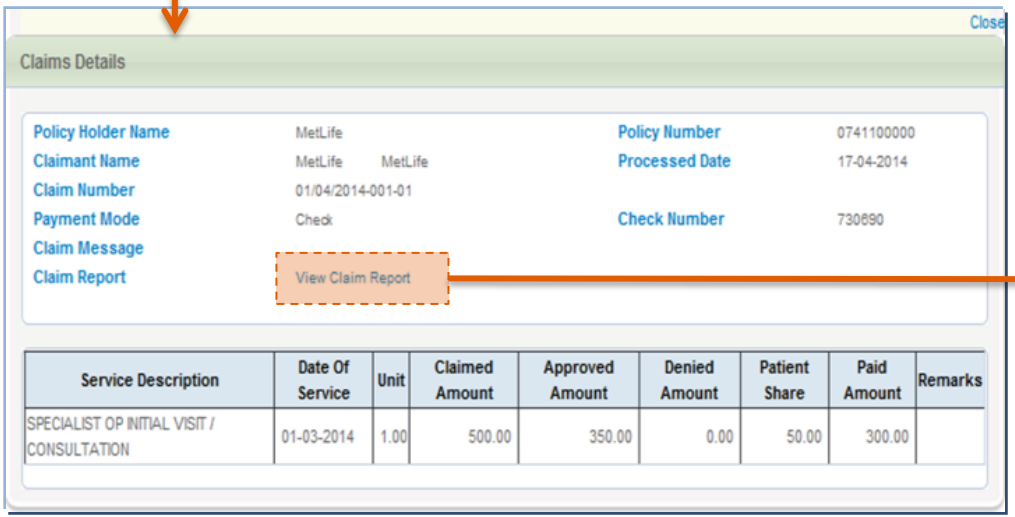
Once a claim is submitted, you will have till 12:00am to submit any additional file to support your claim

The option will be available once a decision is taken about the claim.

It can be used to resubmit it for reassessment by uploading all supporting documents







From the Claims summary page, click on any of the "**Claim Numbers**" to view its details including:

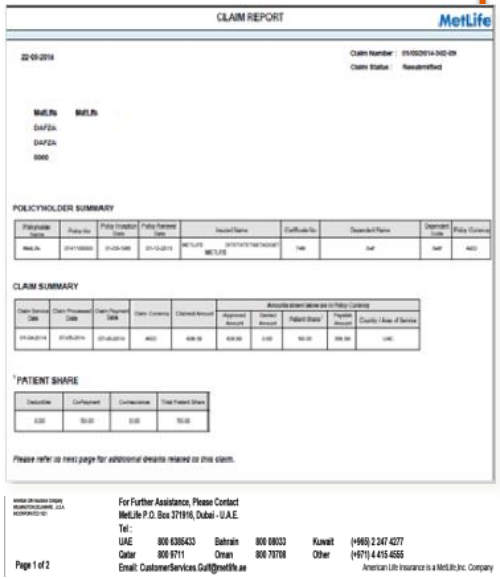
- Claim number
- Payment mode
- Service provided
- Date
- Approved claim amount
- and more…

To get / print a copy of the claim report, click on "**View Claim Report**"

Claims

Claim Inquiry

Cash Claim Submission


CLAIM REPORT

MetLife

POLICYHOLDER SUMMARY

CLAIM SUMMARY

PATIENT SHARE

Please refer to next page for additional details related to this claim.

For Further Assistance, Please Contact
MetLife P.O. Box 371916, Dubai - U.A.E.
Tel :
UAE 800 6385433 Bahrain 800 08033 Kuwait (+965) 2 247 4277
Qatar 800 9711 Oman 800 70708 Other (+971) 4 415 4555
Email: CustomerServices.Gulf@metlife.ae

Page 1 of 2

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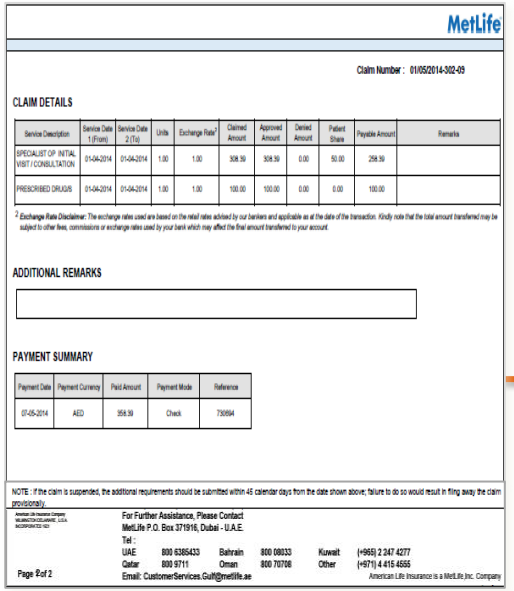
MetLife

Claim Number : 01/05/2014-302-09

CLAIM DETAILS

Service Description	Service Date 1 (From)	Service Date 2 (To)	Units	Exchange Rate[2]	Claimed Amount	Approved Amount	Denied Amount	Patient Share	Payable Amount	Remarks
SPECIALIST OP INITIAL VISIT / CONSULTATION	01-04-2014	01-04-2014	1.00	1.00	308.39	308.39	0.00	50.00	258.39	
PRESCRIBED DRUGS	01-04-2014	01-04-2014	1.00	1.00	100.00	100.00	0.00	0.00	100.00	

[2] *Exchange Rate Disclaimer: The exchange rates used are based on the retail rates advised by our bankers and applicable as at the date of the transaction. Kindly note that the total amount transferred may be subject to other fees, commissions or exchange rates used by your bank which may affect the final amount transferred to your account.*

ADDITIONAL REMARKS

PAYMENT SUMMARY

Payment Date	Payment Currency	Paid Amount	Payment Mode	Reference
07-05-2014	AED	358.39	Check	730694

NOTE : If the claim is suspended, the additional requirements should be submitted within 45 calendar days from the date shown above; failure to do so would result in filing away the claim provisionally.

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UAE 800 6385433 Bahrain 800 08033 Kuwait (+965) 2 247 4277
Qatar 800 9711 Oman 800 70708 Other (+971) 4 415 4555
Email: CustomerServices.Gulf@metlife.ae

Page 2 of 2

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Page 1

(view close up and summary on page 38-40)

Page 2

(view close up and full summary on page 41)

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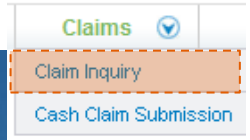
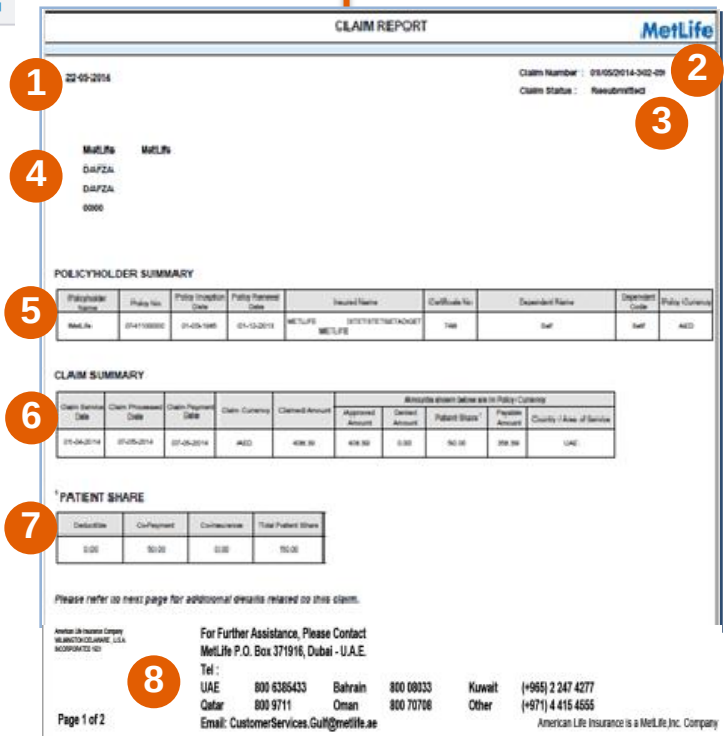
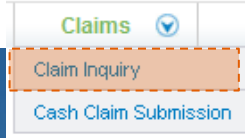




Page 1

1. Report Date
2. Claim Number
3. Claim Status
4. Report Header (displaying name/address)
5. Policyholder Summary (displaying policy details)
6. Claim summary
7. Patient Share (displaying what needs to be paid by patient)
8. Contact us information

MetLife



Page 1 (close up)

POLICYHOLDER SUMMARY

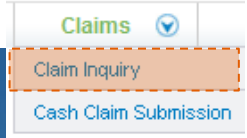
Policyholder Name	Policy No	Policy Inception Date	Policy Renewal Date	Insured Name	Certificate No	Dependent Name	Dependent Code	Policy Currency
MetLife	0741100000	01-03-1985	01-12-2013	MetLife MetLife	359	MetLife MetLife	3	AED

CLAIM SUMMARY

Claim Service Date	Claim Processed Date	Claim Payment Date	Claim Currency	Claimed Amount	Amounts shown below are in Policy Currency				
					Approved Amount	Denied Amount	Patient Share [1]	Payable Amount	Country / Area of Service
20-04-2013	27-05-2013	27-05-2013	AED	90.00	90.00	0.00	50.00	40.00	

1. Date Policy came in force the 1st time
2. Last renewal date
3. Currency of country where policy was issued
4. Date service is provided
5. Date claim is processed
6. Date payment is processed
7. Maximum amount paid for this claim based on Policy T&C's
8. Amount to be paid by patient
9. Amount claimant will receive

MetLife



CLAIM DETAILS

Service Description	Service Date 1 (From)	Service Date 2 (To)	Units	Exchange Rate[2]	Claimed Amount	Approved Amount	Denied Amount	Patient Share	Payable Amount	Remarks
CONSULTANT OP INITIAL VISIT / CONSULTATION	20-04-2013	20-04-2013	1.00	1.00	90.00	90.00	0.00	50.00	40.00	

[2] ***Exchange Rate Disclaimer:*** *The exchange rates used are based on the retail rates advised by our bankers and applicable as at the date of the transaction. Kindly note that the total amount transferred may be subject to other fees, commissions or exchange rates used by your bank which may affect the final amount transferred to your account.*

PAYMENT SUMMARY

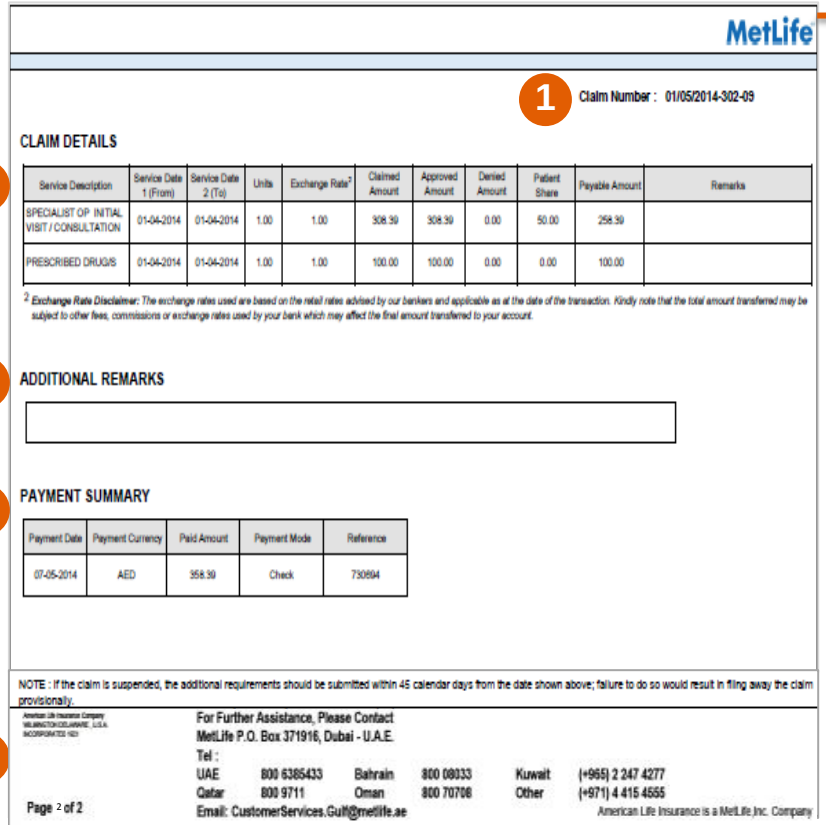
Payment Date	Payment Currency	Paid Amount	Payment Mode	Reference
27-05-2013	AED	40.00	Wire Transfer	716375

Page 1 (close up)

1. Date service is received the first time
2. Date service is received the last time
3. Exchange rate used (if applicable
4. Payment date
5. Amount paid to patient
6. Payment mode

MetLife

Claims
Claim Inquiry
Cash Claim Submission



MetLife

1 Claim Number : 01/05/2014-302-09

CLAIM DETAILS

2

Service Description	Service Date 1 (From)	Service Date 2 (To)	Units	Exchange Rate[2]	Claimed Amount	Approved Amount	Denied Amount	Patient Share	Payable Amount	Remarks
SPECIALIST OP INITIAL VISIT / CONSULTATION	01-04-2014	01-04-2014	1.00	1.00	308.39	308.39	0.00	50.00	258.39	
PRESCRIBED DRUGS	01-04-2014	01-04-2014	1.00	1.00	100.00	100.00	0.00	0.00	100.00	

[2] *Exchange Rate Disclaimer: The exchange rates used are based on the retail rates advised by our bankers and applicable as at the date of the transaction. Kindly note that the total amount transferred may be subject to other fees, commissions or exchange rates used by your bank which may affect the final amount transferred to your account.*

3 ADDITIONAL REMARKS

4 PAYMENT SUMMARY

Payment Date	Payment Currency	Paid Amount	Payment Mode	Reference
07-05-2014	AED	358.39	Check	730694

NOTE : If the claim is suspended, the additional requirements should be submitted within 45 calendar days from the date shown above; failure to do so would result in filing away the claim provisionally.

5 For Further Assistance, Please Contact
MetLife P.O. Box 371916, Dubai - U.A.E.
Tel :
UAE 800 6385433 Bahrain 800 08033 Kuwait (+965) 2 247 4277
Qatar 800 9711 Oman 800 70708 Other (+971) 4 415 4555
Email: CustomerServices.Gulf@metlife.ae

Page 2 of 2

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Page 2

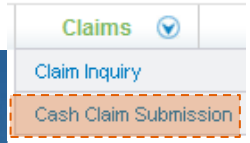
1 Claim number

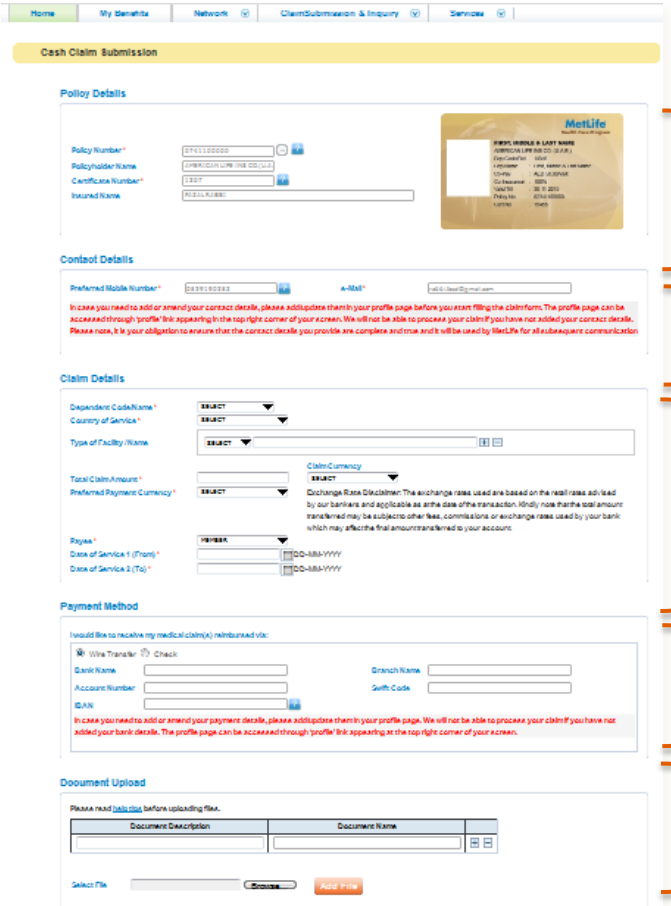
2 Claim details (displaying consultation, details, amount claimed / paid / denied with the dates)

3 Additional remarks (if any)

4 Payment summary (showing amount, mode of payment & date)

5 Contact us information





This page has 5 sections

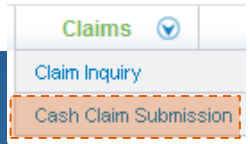
Policy Details
(page 43)

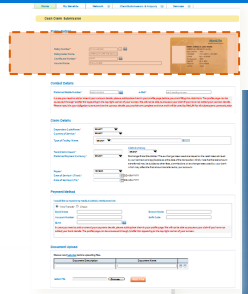
Contact Details
(page 44)

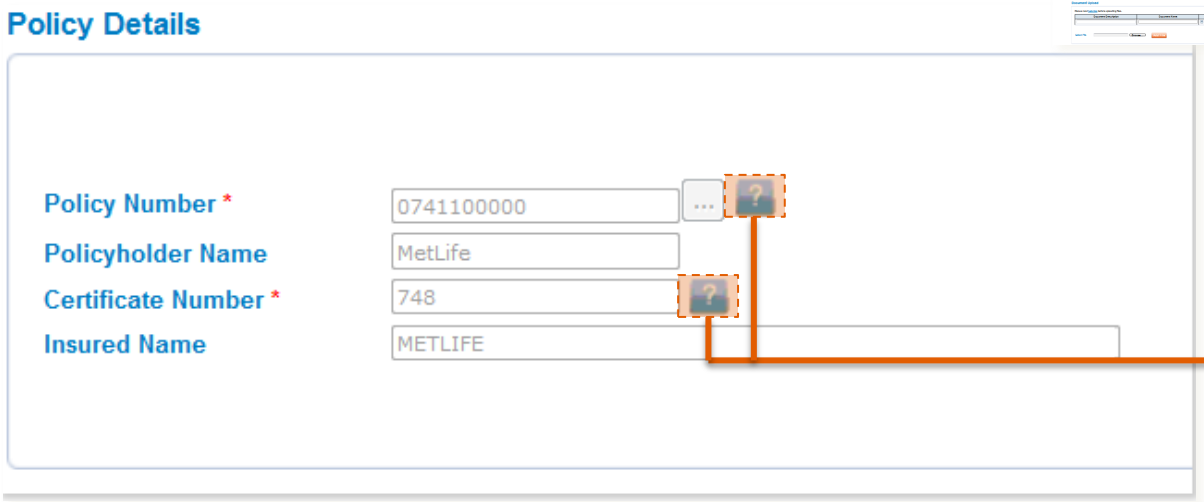
Claim Details
(page 45)

Payment Method
(page 46)

Document Upload
(page 47)







This section will show you your:

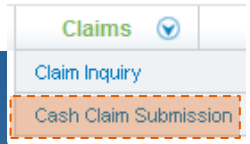
- Policy Number
- Policyholder Name
- Certificate Number
- Insured Name

All fields are pre-populated.

Just confirm that these are your details.

You can find the 10 digit Policy Number on the bottom left corner of your Medical Card

NOTE: If you need to update any of your details, please contact MetLife Customer Service.

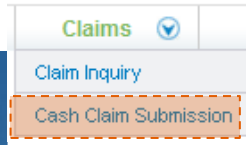


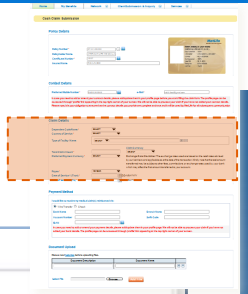
This section will show you your:

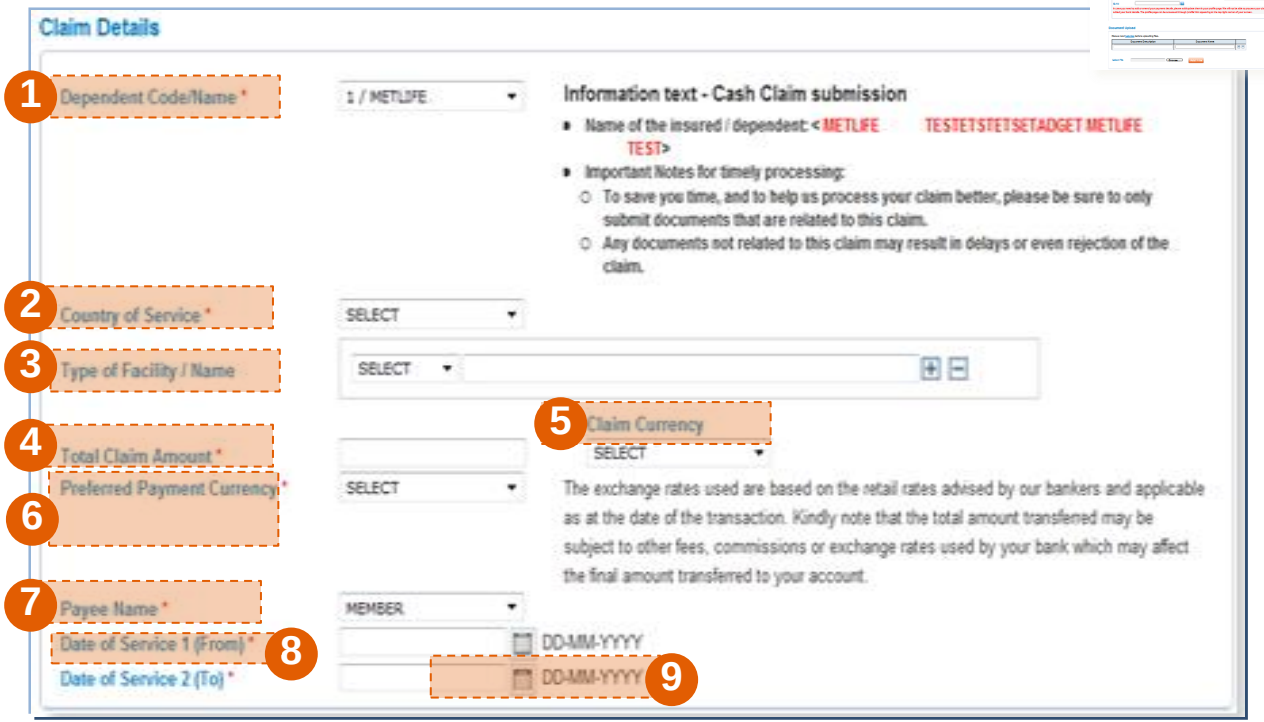
- Preferred Mobile Number & your email address

All fields are pre-populated.

NOTE: Details can be updated in the "Contact details" section under your Profile page

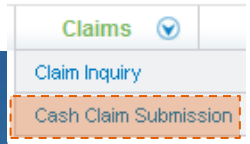


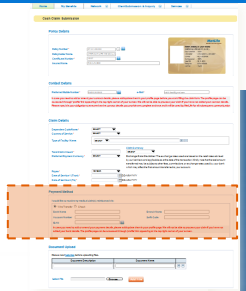



Claim Details
1 Dependent Code/Name *
1 / METLIFE
Information text - Cash Claim submission
Name of the insured / dependent: < METLIFE TESTETSTETSETADGET METLIFE TEST>
Important Notes for timely processing:
To save you time, and to help us process your claim better, please be sure to only submit documents that are related to this claim.
Any documents not related to this claim may result in delays or even rejection of the claim.
2 Country of Service *
SELECT
3 Type of Facility / Name
SELECT
4 Total Claim Amount *
5 Claim Currency
SELECT
Preferred Payment Currency *
6
SELECT
The exchange rates used are based on the retail rates advised by our bankers and applicable as at the date of the transaction. Kindly note that the total amount transferred may be subject to other fees, commissions or exchange rates used by your bank which may affect the final amount transferred to your account.
7 Payee Name *
MEMBER
Date of Service 1 (From) *
8
DD-MM-YYYY
Date of Service 2 (To) *
DD-MM-YYYY
9

Steps to follow:

1. Select Dependent Code Name (use the scroll down option)
2. Choose the Country where you received the treatment in
3. Select the type of Medical Facility & enter its name
4. Enter the <u>total</u> claim amount
5. Select the claim currency
6. Choose the currency you would like us to pay you in
7. Select the Payee Name
8. Enter the Date of Service (From)
9. Enter the Date of Service (To)





Payment Method

I would like to receive my medical claim(s) reimbursed via:

Wire Transfer Check

Bank Name	metlife	Branch Name	metlife
Account Number	999999999	Swift Code	swift
iBAN	AE999999999999999999		

In case you need to add or amend your payment details, please add/update them in your profile page. We will not be able to process your claim if you have not added your bank details. The profile page can be accessed through 'profile' link appearing at the top right corner of your screen.

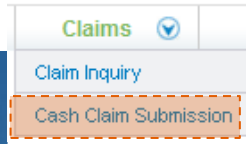
You can receive your claim reimbursement amount through:

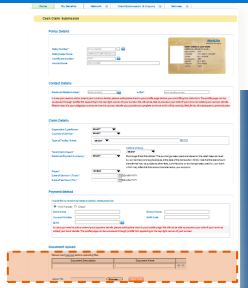
- Wire transfer (directly into your account) or;
- Check

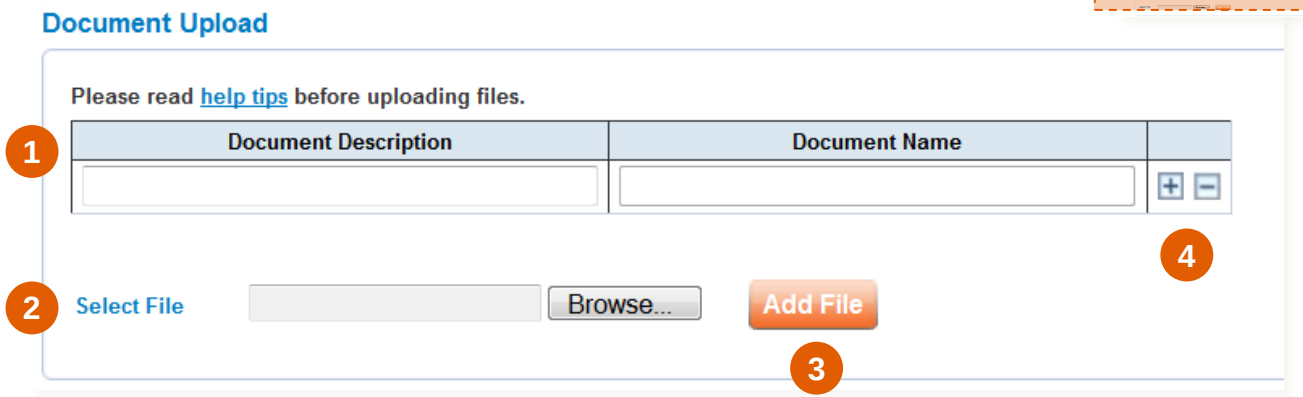
If Wire Transfer is selected, system will automatically show your account details including:

- Bank name
- Branch name
- Account number
- Swift code
- IBAN

NOTE: You can update your account details in your "**Profile**" page. All you need to do is click on the "**Profile**" tab to access the page.







You need to share your physician's diagnosis, report, test lab (if any) or any other document to support your claim.

This page allows you to upload all your documents.

All you need to do is:

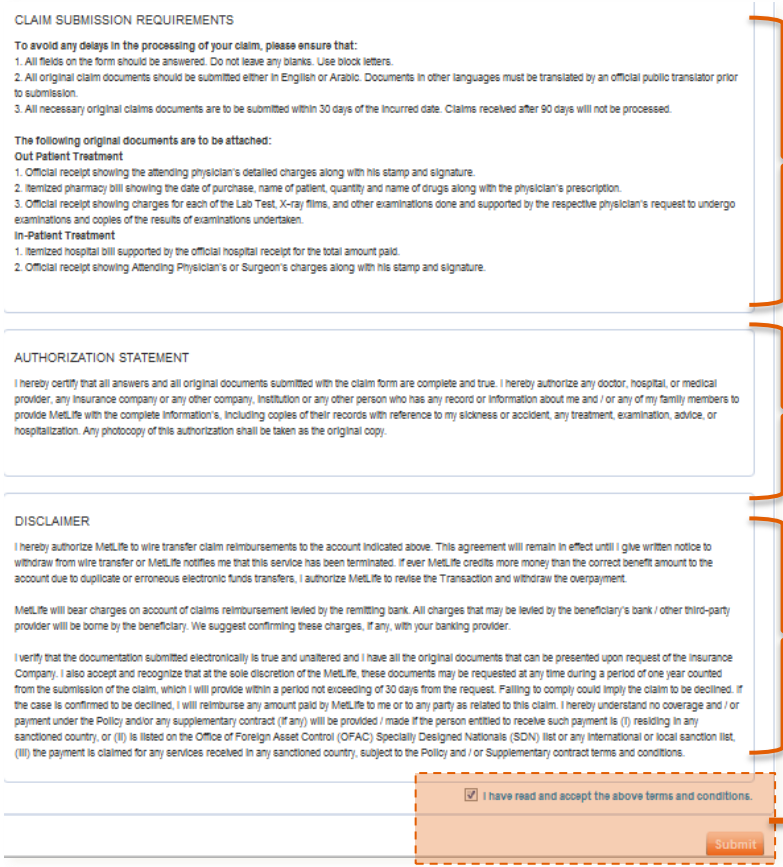
1. Type the document description
2. Select the file you wish to upload by using the "**Browse…**" option
3. Click on "**Add File**"
4. To upload more files, click on the "**+**" sign and repeat the above 3 steps.
   - To Remove / delete a file, click on the "**-**" sign next to it

MetLife

Claims

Claim Inquiry

Cash Claim Submission


CLAIM SUBMISSION REQUIREMENTS
To avoid any delays in the processing of your claim, please ensure that:
1. All fields on the form should be answered. Do not leave any blanks. Use block letters.
2. All original claim documents should be submitted either in English or Arabic. Documents in other languages must be translated by an official public translator prior to submission.
3. All necessary original claims documents are to be submitted within 30 days of the incurred date. Claims received after 90 days will not be processed.
The following original documents are to be attached:
Out Patient Treatment
1. Official receipt showing the attending physician's detailed charges along with his stamp and signature.
2. Itemized pharmacy bill showing the date of purchase, name of patient, quantity and name of drugs along with the physician's prescription.
3. Official receipt showing charges for each of the Lab Test, X-ray films, and other examinations done and supported by the respective physician's request to undergo examinations and copies of the results of examinations undertaken.
In-Patient Treatment
1. Itemized hospital bill supported by the official hospital receipt for the total amount paid.
2. Official receipt showing Attending Physician's or Surgeon's charges along with his stamp and signature.
AUTHORIZATION STATEMENT
I hereby certify that all answers and all original documents submitted with the claim form are complete and true. I hereby authorize any doctor, hospital, or medical provider, any insurance company or any other company, institution or any other person who has any record or information about me and / or any of my family members to provide MetLife with the complete information's, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization shall be taken as the original copy.
DISCLAIMER
I hereby authorize MetLife to wire transfer claim reimbursements to the account indicated above. This agreement will remain in effect until I give written notice to withdraw from wire transfer or MetLife notifies me that this service has been terminated. If ever MetLife credits more money than the correct benefit amount to the account due to duplicate or erroneous electronic funds transfers, I authorize MetLife to revise the Transaction and withdraw the overpayment.
MetLife will bear charges on account of claims reimbursement levied by the remitting bank. All charges that may be levied by the beneficiary's bank / other third-party provider will be borne by the beneficiary. We suggest confirming these charges, if any, with your banking provider.
I verify that the documentation submitted electronically is true and unaltered and I have all the original documents that can be presented upon request of the Insurance Company. I also accept and recognize that at the sole discretion of the MetLife, these documents may be requested at any time during a period of one year counted from the submission of the claim, which I will provide within a period not exceeding of 30 days from the request. Failing to comply could imply the claim to be declined. If the case is confirmed to be declined, I will reimburse any amount paid by MetLife to me or to any party as related to this claim. I hereby understand no coverage and / or payment under the Policy and/or any supplementary contract (if any) will be provided / made if the person entitled to receive such payment is (I) residing in any sanctioned country, or (II) is listed on the Office of Foreign Asset Control (OFAC) Specially Designed Nationals (SDN) list or any international or local sanction list, (III) the payment is claimed for any services received in any sanctioned country, subject to the Policy and / or Supplementary contract terms and conditions.
I have read and accept the above terms and conditions.
Submit

Once you upload your documents, the following information will appear under the upload table:

Claim submission requirements

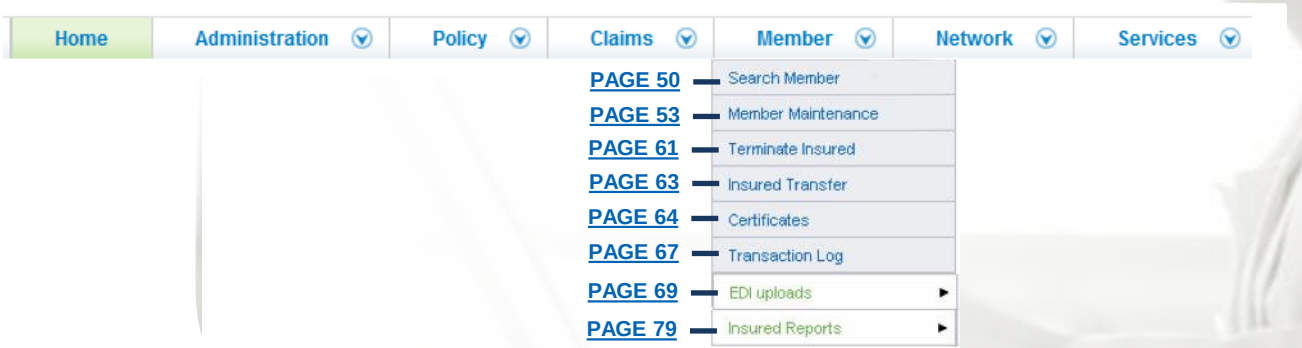
Authorization Statement

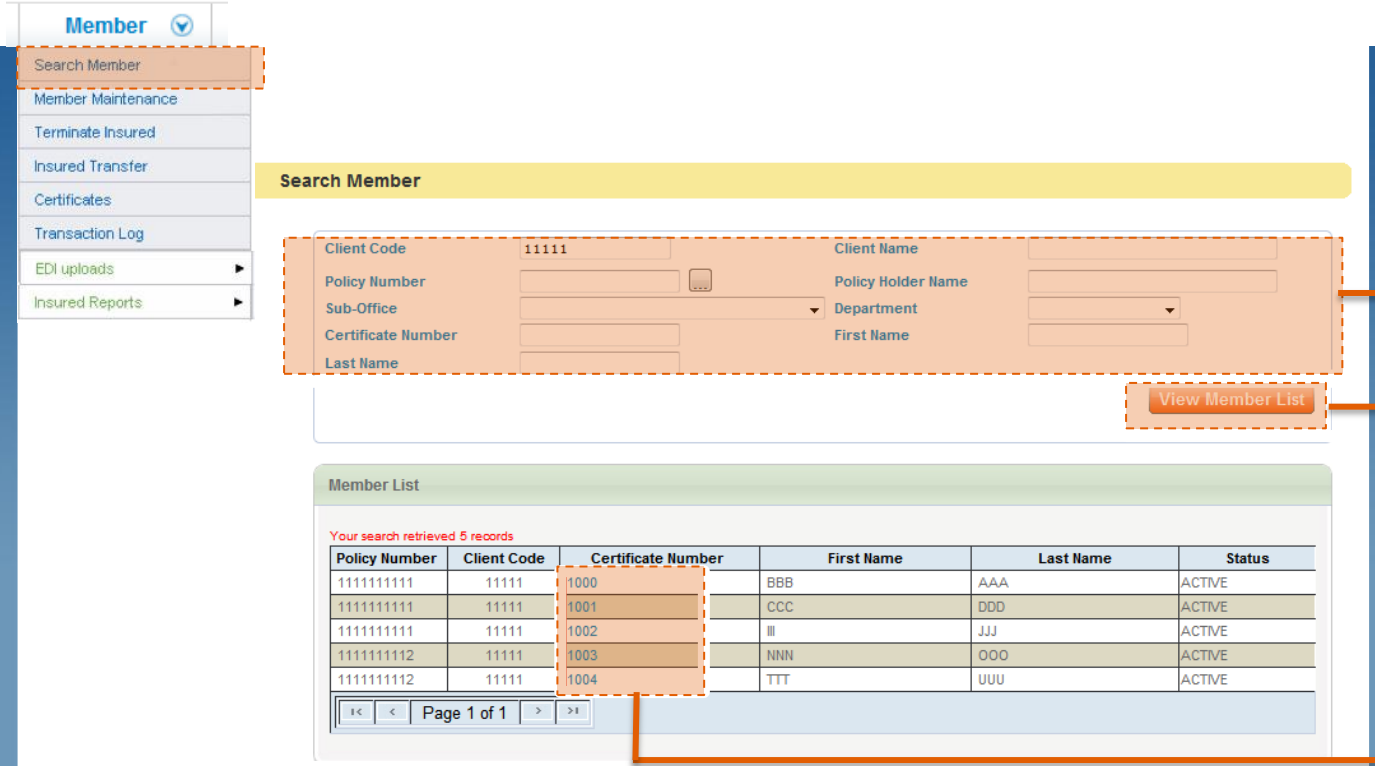
Disclaimers

Read the above document, tick on the box and click on submit to send your request.

An acknowledgement will be sent to your email

MEMBER

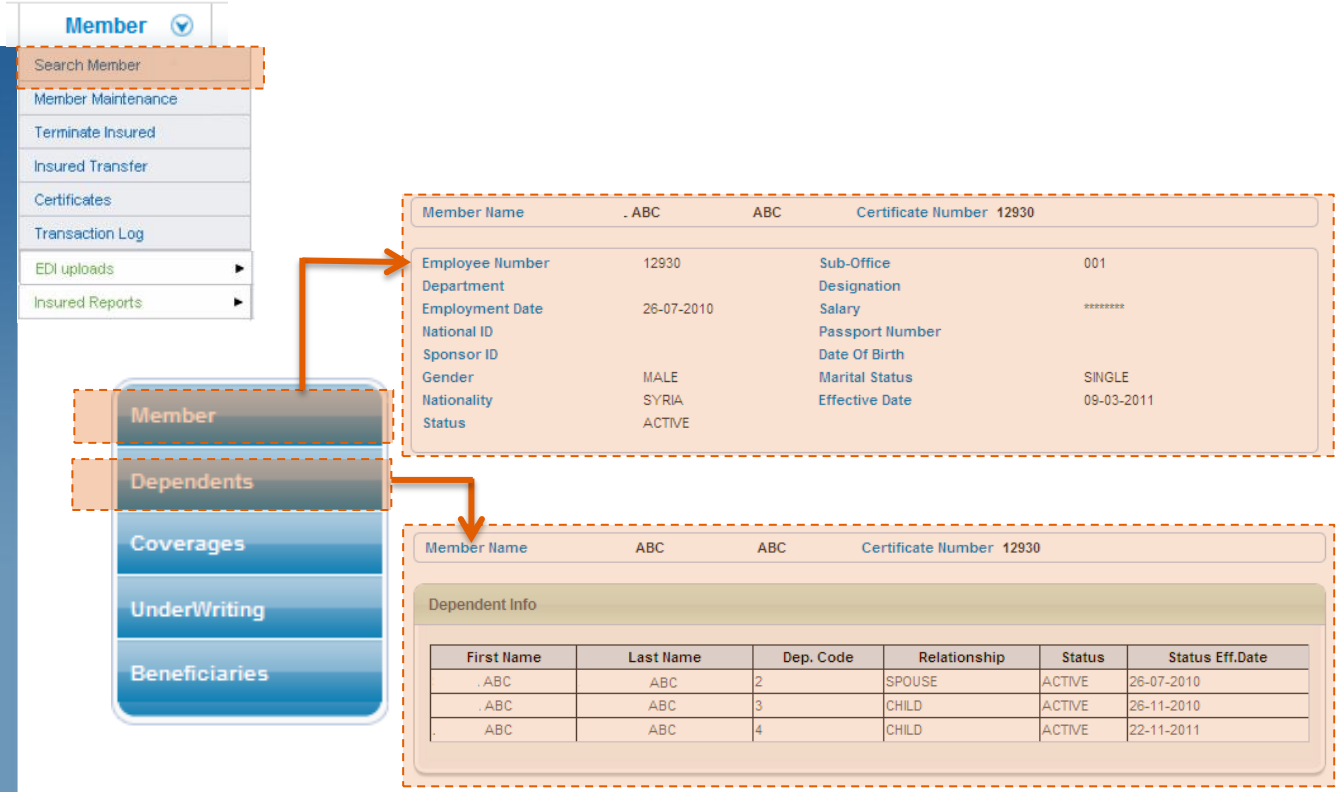

Home
Administration
Policy
Claims
Member
Network
Services
PAGE 50
Search Member
PAGE 53
Member Maintenance
PAGE 61
Terminate Insured
PAGE 63
Insured Transfer
PAGE 64
Certificates
PAGE 67
Transaction Log
PAGE 69
EDI uploads
PAGE 79
Insured Reports

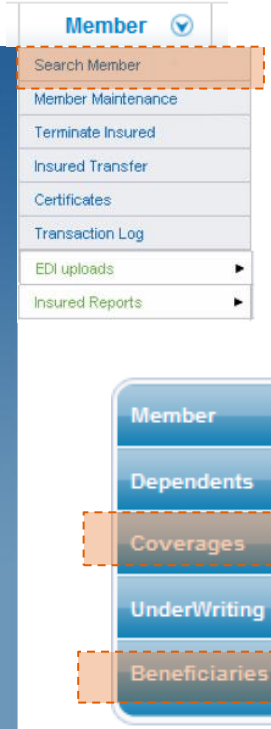


Enter Client code / Policy Number and other relevant data for better search results.

Then press "**View Member List**" to get results

Click on "**Certificate Number**" to display Member Details.


Member
Search Member
Member Maintenance
Terminate Insured
Insured Transfer
Certificates
Transaction Log
EDI uploads
Insured Reports
Member
Dependents
Coverages
UnderWriting
Beneficiaries
Member Name . ABC ABC Certificate Number 12930
Employee Number 12930
Department
Employment Date 26-07-2010
National ID
Sponsor ID
Gender MALE
Nationality SYRIA
Status ACTIVE
Sub-Office 001
Designation
Salary ********
Passport Number
Date Of Birth
Marital Status SINGLE
Effective Date 09-03-2011
Member Name ABC ABC Certificate Number 12930
Dependent Info
First Name Last Name Dep. Code Relationship Status Status Eff.Date
. ABC ABC 2 SPOUSE ACTIVE 26-07-2010
. ABC ABC 3 CHILD ACTIVE 26-11-2010
. ABC ABC 4 CHILD ACTIVE 22-11-2011



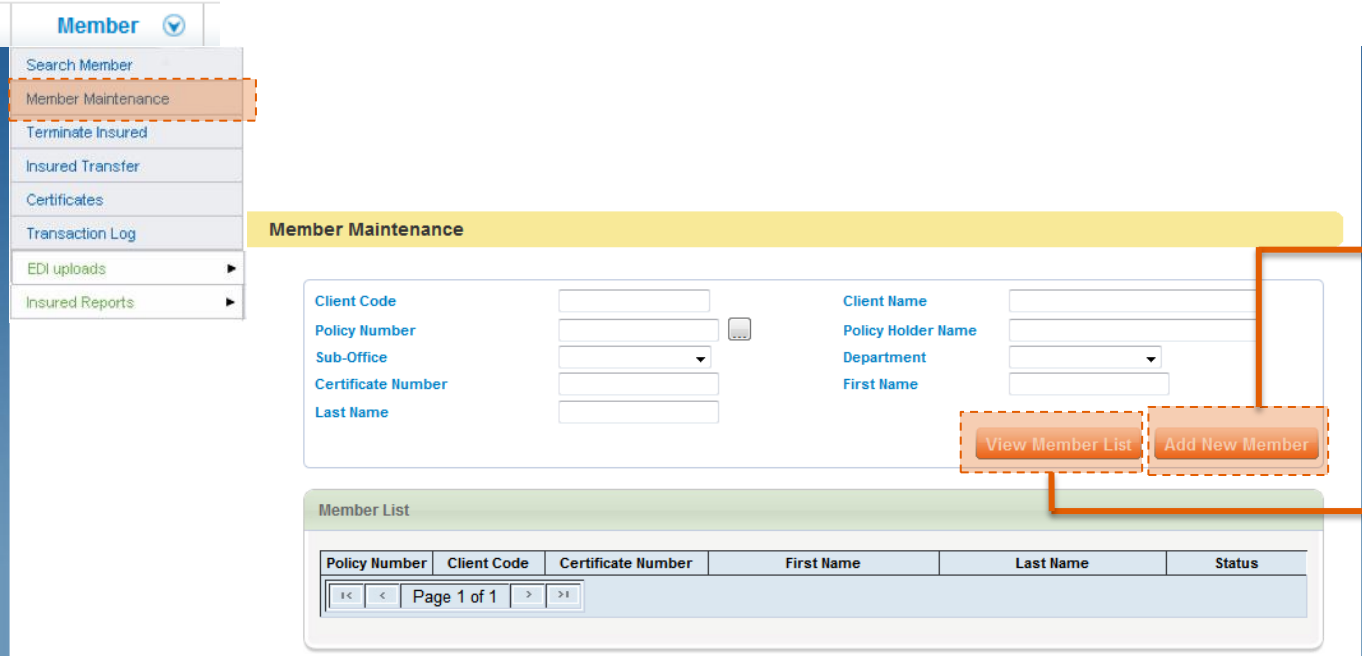
Coverage Info

Coverage Description	Coverage Type	Policy Number	Plan Name	Eff.Dt	Status	
ACCIDENTAL DEATH & DISMEMBERMENT	MEMBER ONLY	1111111111	ALL EMPLOYEES	07-06-2014	ACTIVE	View benefits
BODY REPATRIATION	MEMBER ONLY	1111111111	ONLY FOR MEDICAL CERT. PURPOSE ONLY	07-06-2014	ACTIVE	View benefits
BODY REPATRIATION	SPOUSE ONLY	1111111111	ONLY FOR MEDICAL CERT. PURPOSE ONLY	07-06-2014	ACTIVE	View benefits
COMPREHENSIVE MAJOR MEDICAL	MEMBER ONLY	1111111111	AMERICAN LIFE INS CO.(U.A.E.).	07-06-2014	ACTIVE	View benefits
COMPREHENSIVE MAJOR MEDICAL	SPOUSE ONLY	1111111111	AMERICAN LIFE INS CO.(U.A.E.).	07-06-2014	ACTIVE	View benefits
LIFE (DUE TO ANY CAUSE)	MEMBER ONLY	1111111111	ALL EMPLOYEES	07-06-2014	ACTIVE	View benefits
PERMANENT TOTAL DISABILITY (A & S)	MEMBER ONLY	1111111111	ALL EMPLOYEES	07-06-2014	ACTIVE	View benefits
SOS	MEMBER ONLY	1111111111	FOR ALL INSURED	07-06-2014	ACTIVE	View benefits
SOS	SPOUSE ONLY	1111111111	FOR ALL INSURED	07-06-2014	ACTIVE	View benefits

Member Name BBB AAA **Certificate Number** 1000

Beneficiary Info

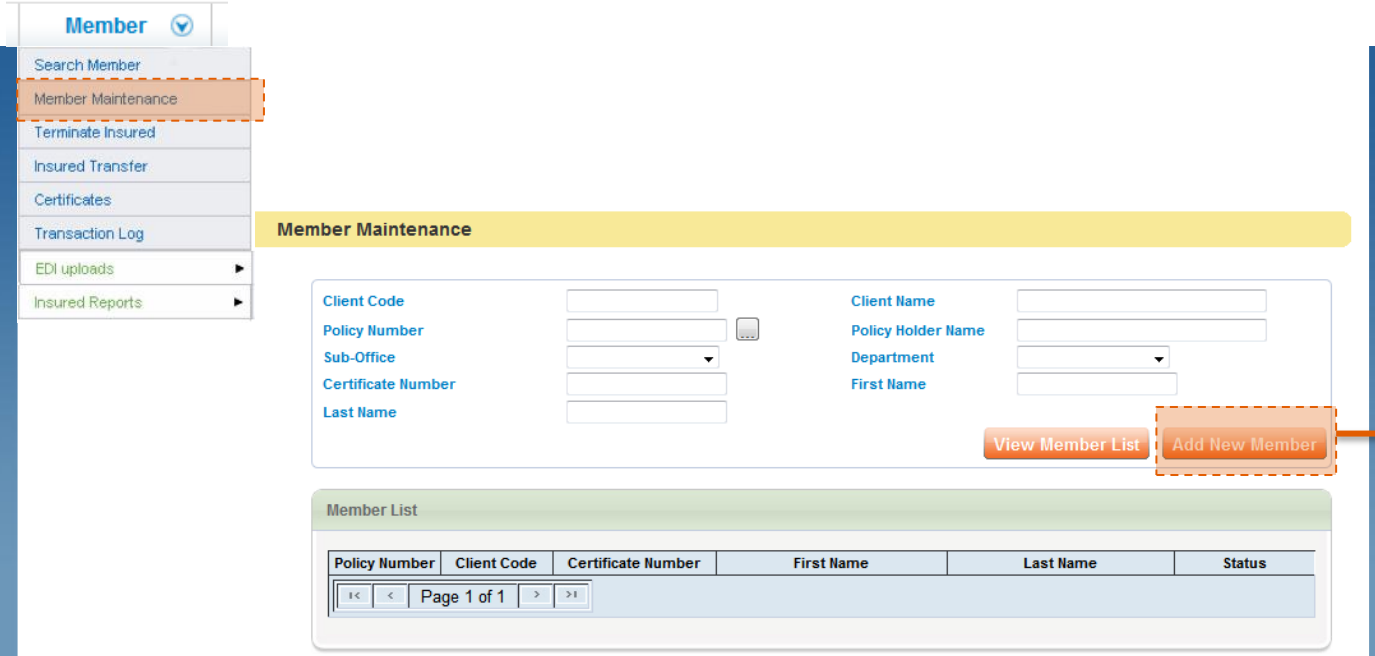
Policy Number	Beneficiary Id	Beneficiary Name	Beneficiary Relation	Beneficiary Eff.Dt	Beneficiary Share (%)
1111111111	B123	TEST BENEFICIARY	WIFE	01-06-2014	100.00



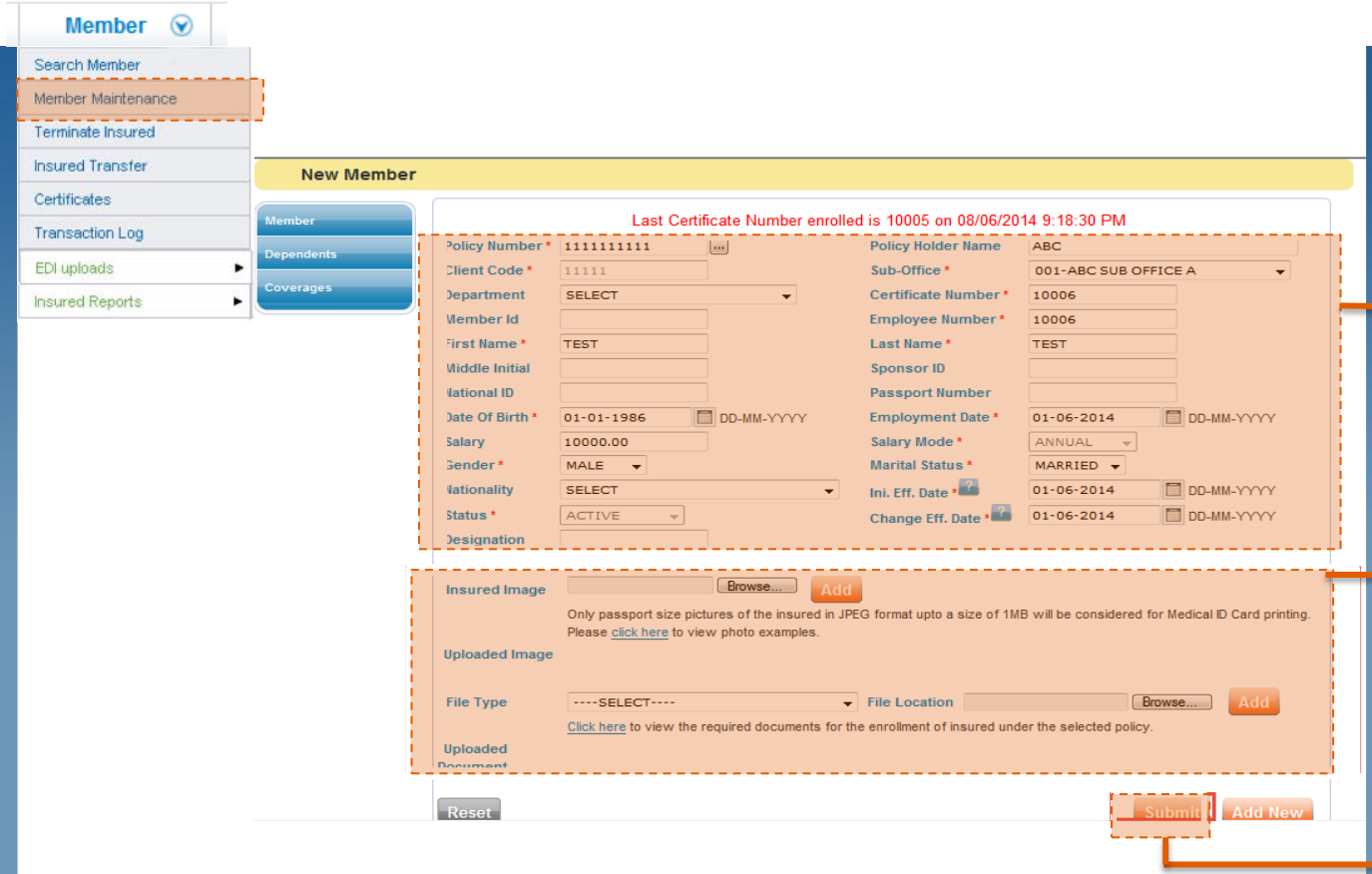
"**Member Maintenance**" Page allows you the following functions:

Adding a New Member
(continue on page 54)

Modifying an existing Member
(continue on page 59)



Click here to add a new member



Enter all the new Member's relevant information.

Upload photo and documents, if applicable

Submit

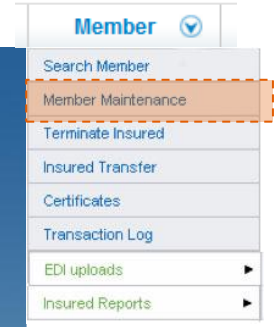
NOTE: Fields marked with a red asterix ("*") are mandatory)

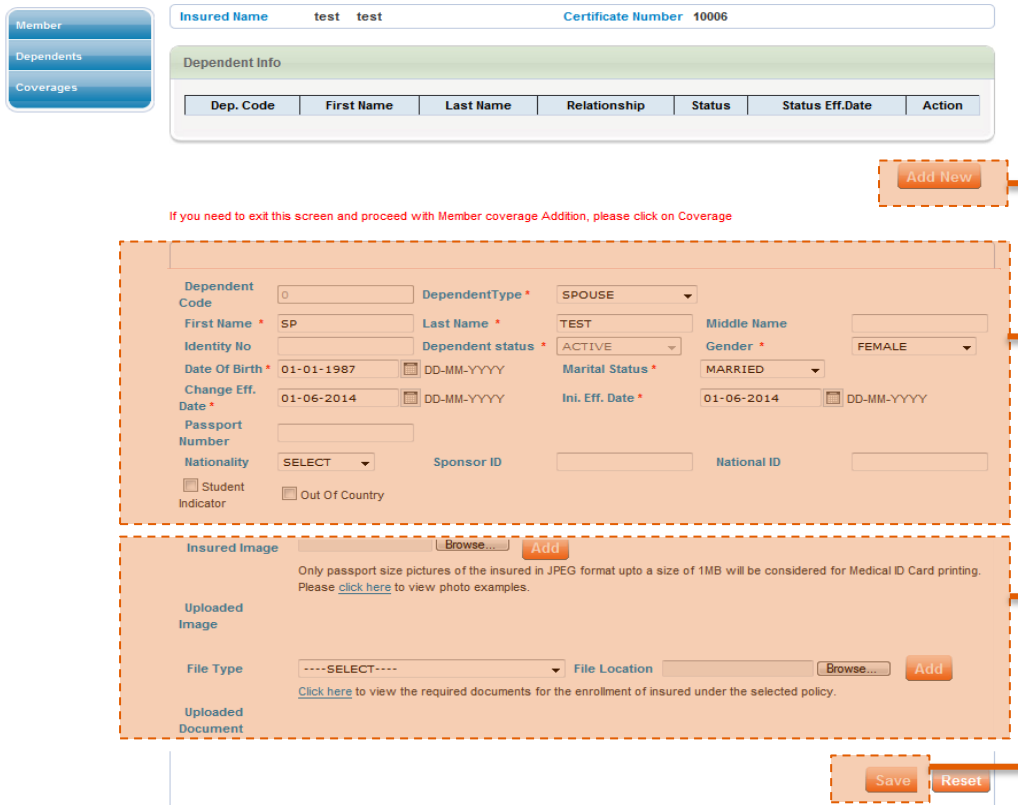
Confirmation message containing a reference number for tracking purposes

1. Click here to enter dependent information

2. Will be redirected to coverage screen, where all added coverage will be displayed.

For products having multiple benefit plans, you have to select which plan is applicable for the insured





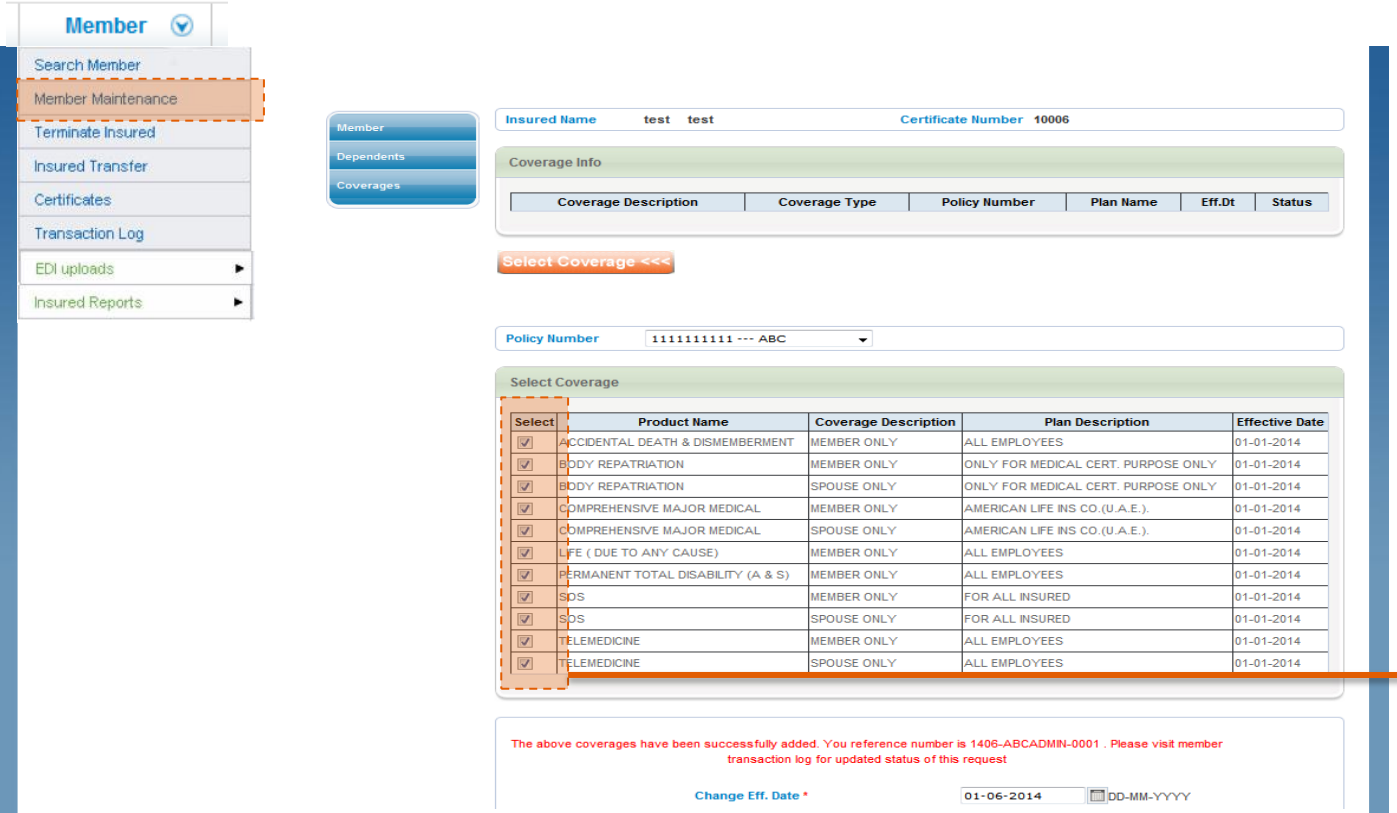
To add a new dependent

Enter all the new Dependent's Information

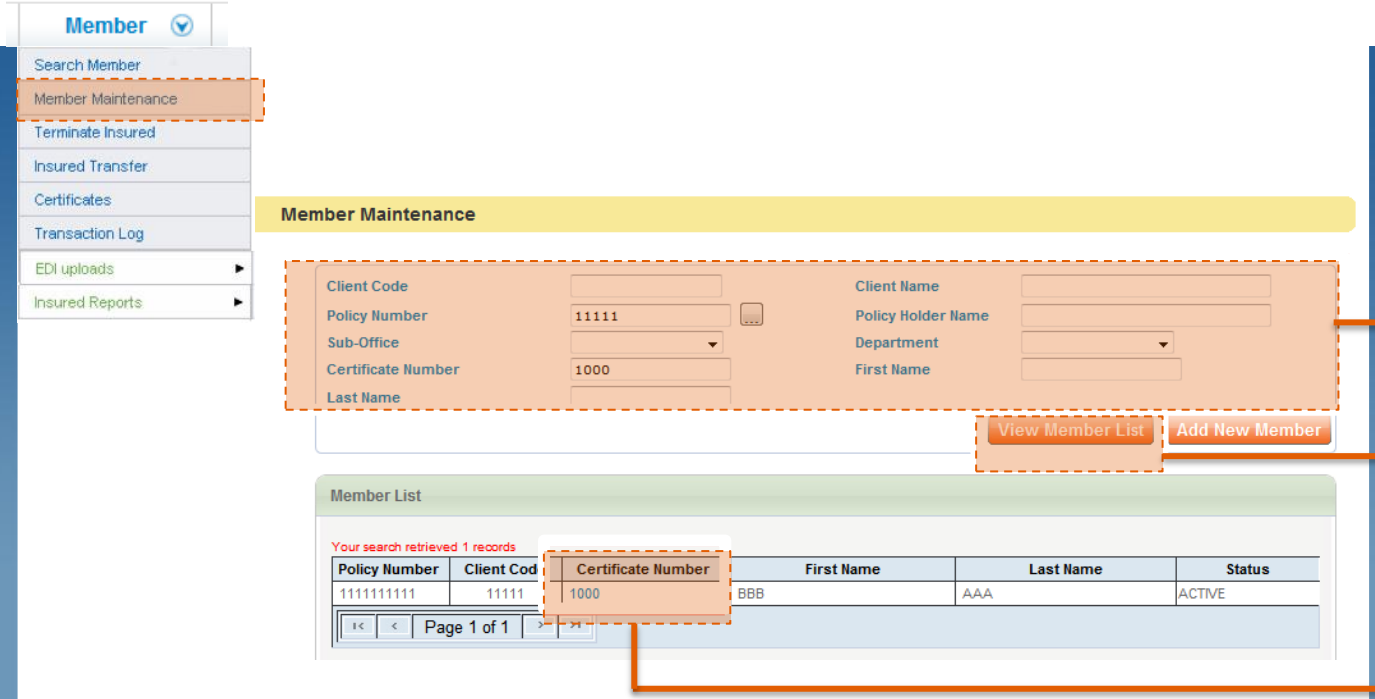
Upload Photo and documents, if applicable

Click here to save

MetLife


Member
Search Member
Member Maintenance
Terminate Insured
Insured Transfer
Certificates
Transaction Log
EDI uploads
Insured Reports
Member
Dependents
Coverages
Insured Name test test
Certificate Number 10006
Coverage Info
Coverage Description
Coverage Type
Policy Number
Plan Name
Eff.Dt
Status
Select Coverage <<<
Policy Number 1111111111 --- ABC
Select Coverage
Select
Product Name
Coverage Description
Plan Description
Effective Date
ACCIDENTAL DEATH & DISMEMBERMENT MEMBER ONLY ALL EMPLOYEES 01-01-2014
BODY REPATRIATION MEMBER ONLY ONLY FOR MEDICAL CERT. PURPOSE ONLY 01-01-2014
BODY REPATRIATION SPOUSE ONLY ONLY FOR MEDICAL CERT. PURPOSE ONLY 01-01-2014
COMPREHENSIVE MAJOR MEDICAL MEMBER ONLY AMERICAN LIFE INS CO.(U.A.E.). 01-01-2014
COMPREHENSIVE MAJOR MEDICAL SPOUSE ONLY AMERICAN LIFE INS CO.(U.A.E.). 01-01-2014
LIFE (DUE TO ANY CAUSE) MEMBER ONLY ALL EMPLOYEES 01-01-2014
PERMANENT TOTAL DISABILITY (A & S) MEMBER ONLY ALL EMPLOYEES 01-01-2014
SOS MEMBER ONLY FOR ALL INSURED 01-01-2014
SOS SPOUSE ONLY FOR ALL INSURED 01-01-2014
TELEMEDICINE MEMBER ONLY ALL EMPLOYEES 01-01-2014
TELEMEDICINE SPOUSE ONLY ALL EMPLOYEES 01-01-2014
The above coverages have been successfully added. You reference number is 1406-ABCADMIN-0001 . Please visit member transaction log for updated status of this request
Change Eff. Date *
01-06-2014
DD-MM-YYYY

Select the coverage for Members & Dependents

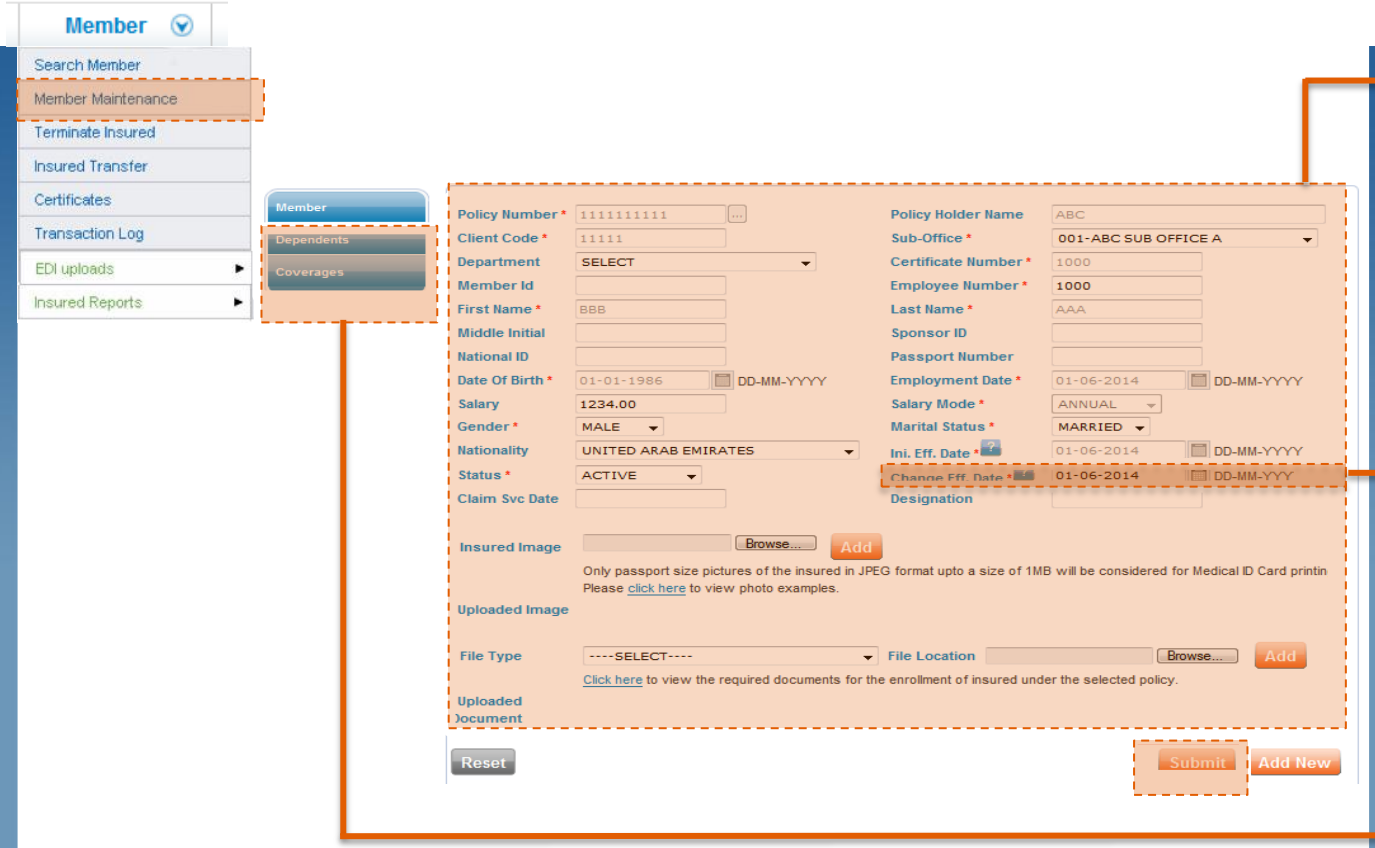


Select Client Code / Policy Number

Enter Certificate Number

Click on "**View Member List**"

Click on the Member's Certificate Number for Modification



Modify Member's details

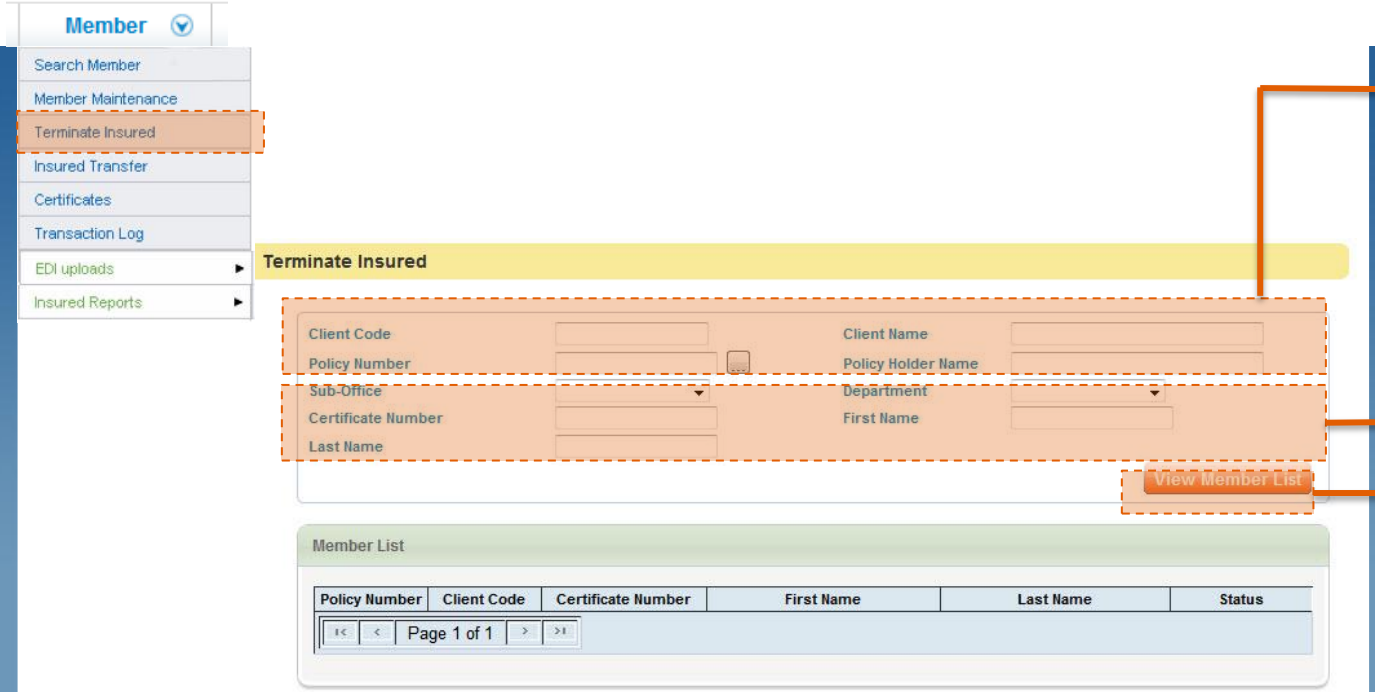
Ensure you enter the exact date of Modification

Click on "**Submit**"

Go to Dependents for Addition/Modification

NOTE: "**Change Eff. Date**" cannot be:

- More than 31 days from current date
- Prior to the date of last claim submitted by member

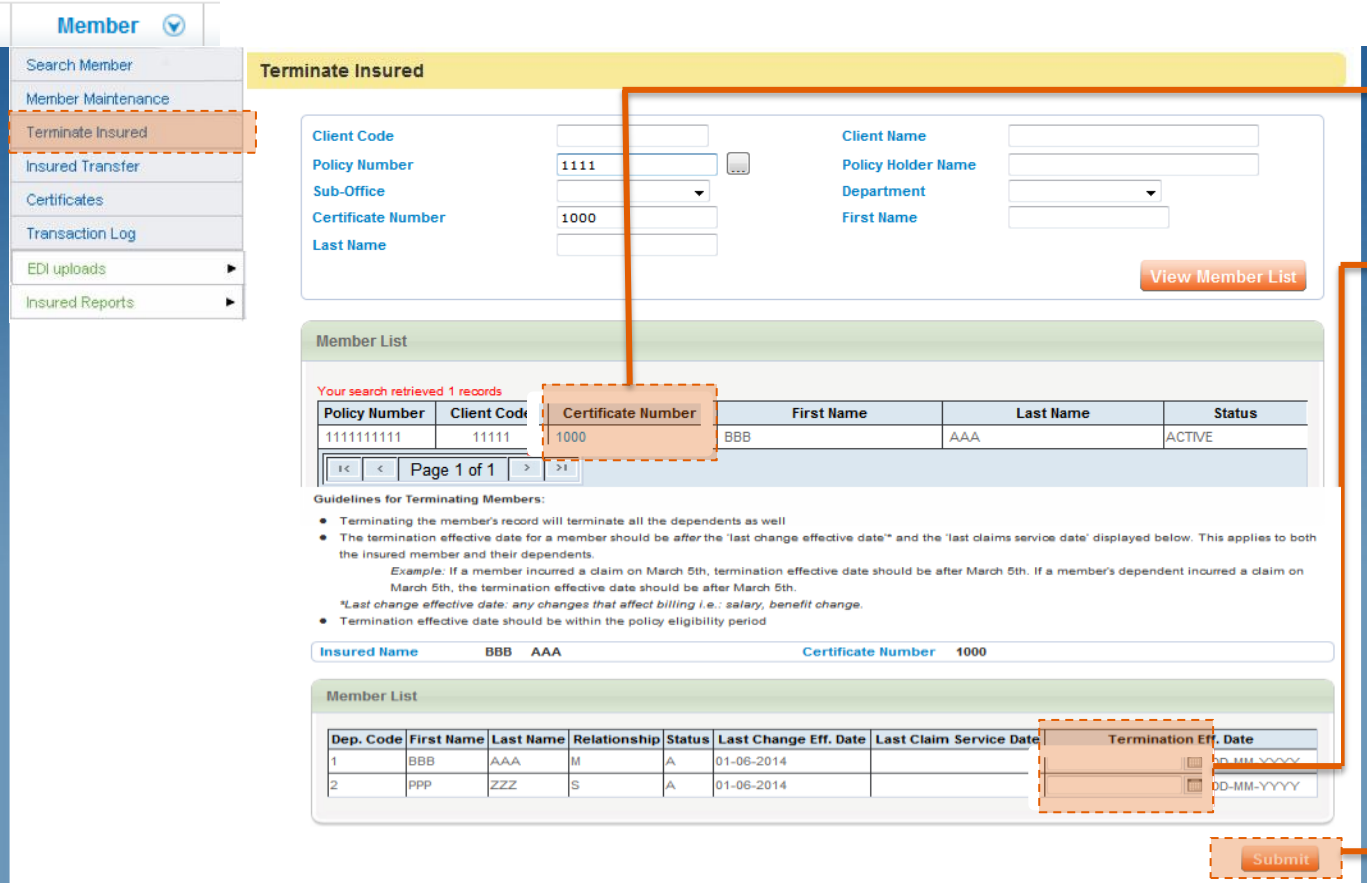


Search by entering any criteria

Enter number details (optional)

Click on "**View Member List**"

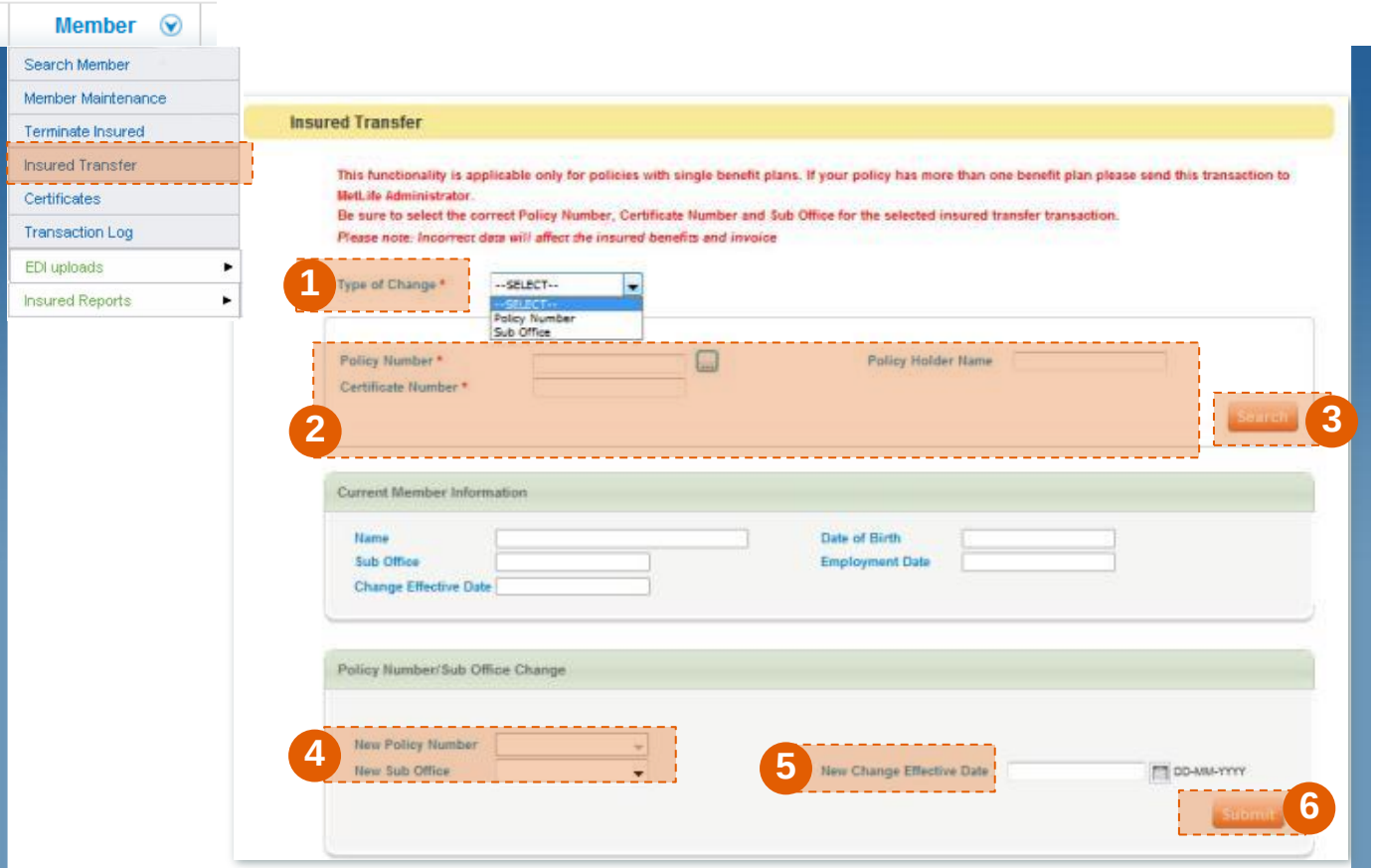
(continue on next page)



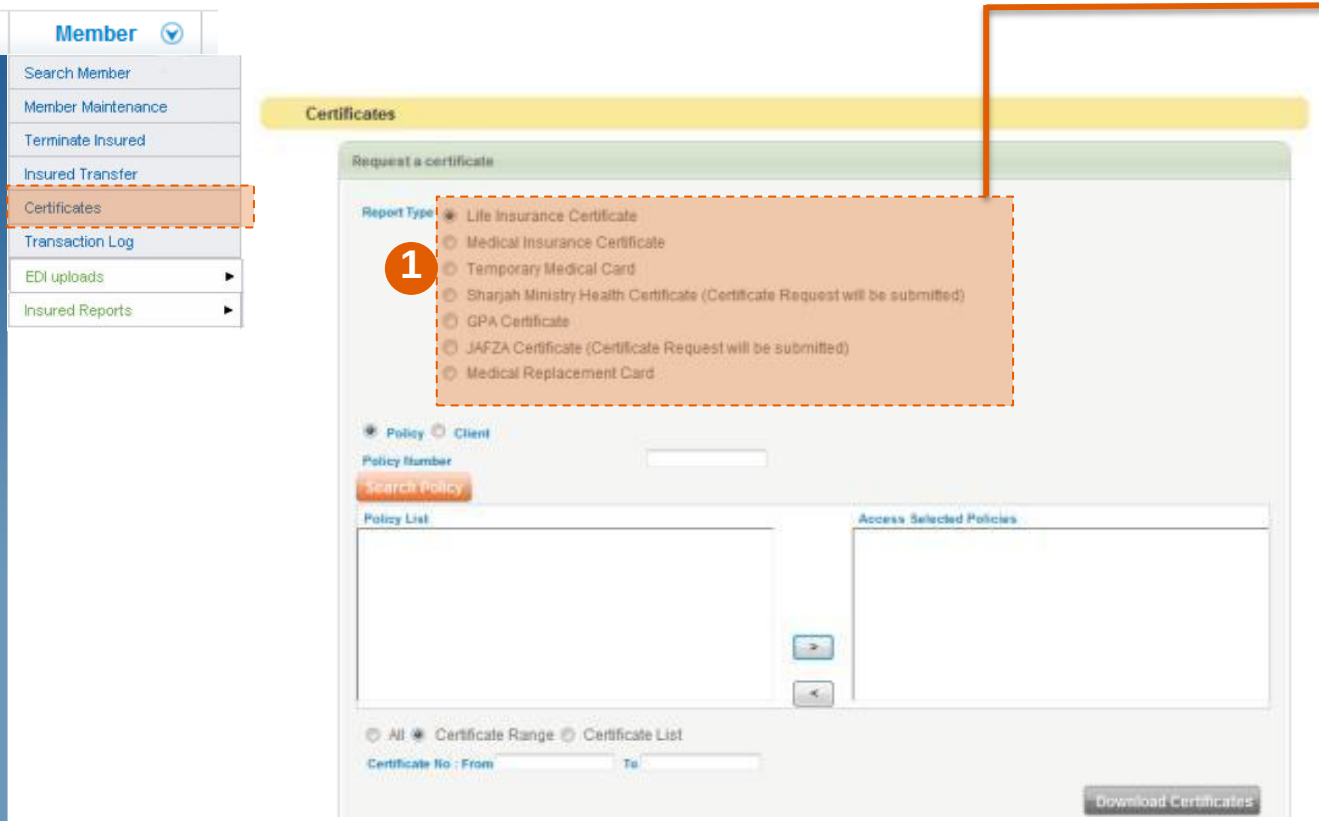
Click on the certificate number which is to be terminated

Enter termination date (if full certificate is to be terminated, entering the termination date on the member record alone would be enough)

Click on "**Submit**"



1. Select type of transfer
2. Enter current policy number and certificate number to be transferred
3. Click on “**Search**” to get Member information
4. Select Policy Number and sub-office to be transferred to
5. Enter Effective date of transfer
6. Click on “**Submit**”



Select the Type of Certificate

Life Certificate: Applicable only for members who have life coverage

Medical Certificate: Applicable only for insured members who have medical coverage

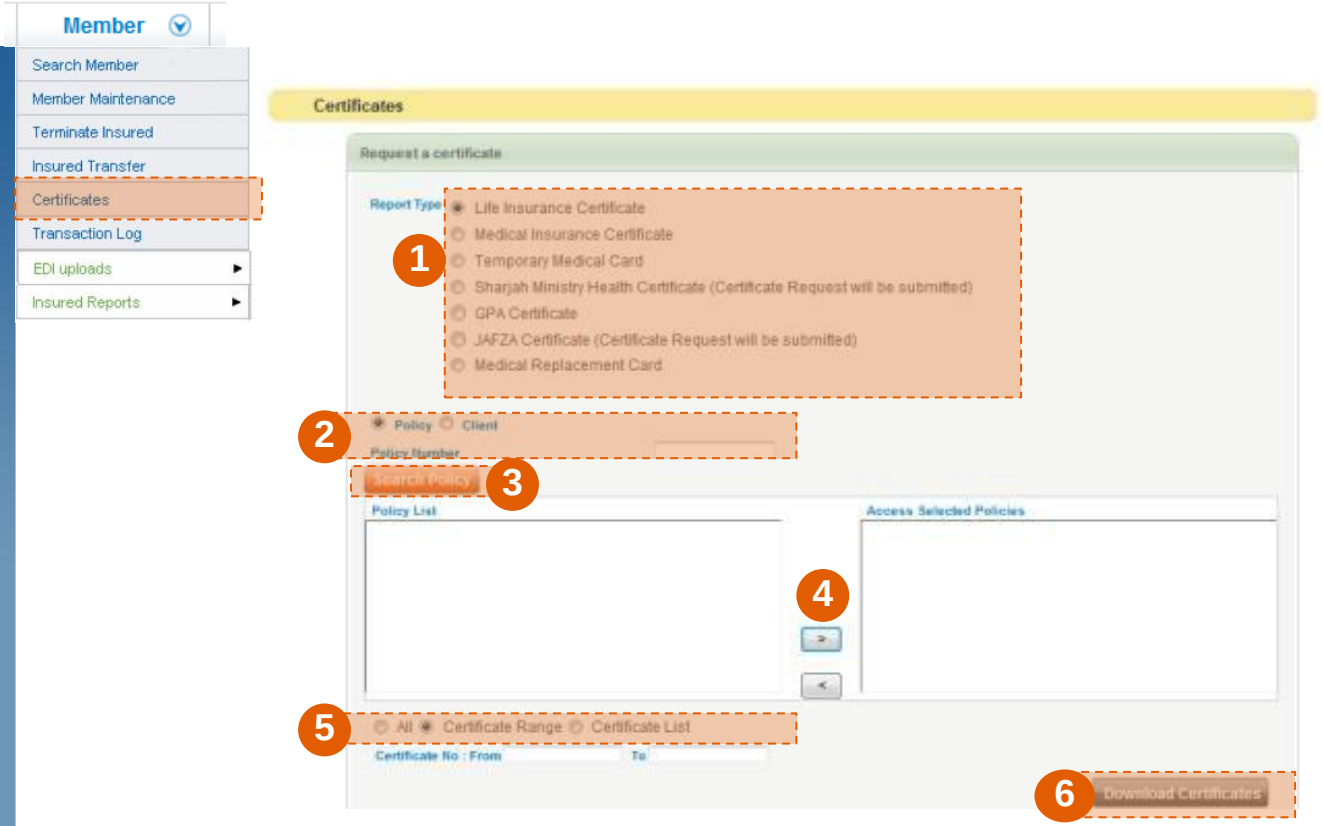
Temporary Medical Card : Temporary card designed for new joiners who did not receive their medical cards yet (It can only be used with selected Medical Providers)

Sharjah Ministry Health Certificate: Applicable only for insured members who have medical coverage. A request will be sent to MetLife to provide stamped certificate

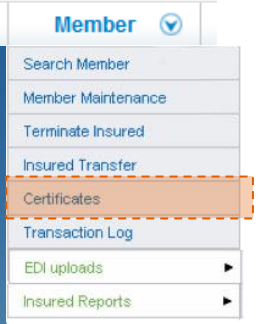
GPA Certificate : Applicable only for GPA policies

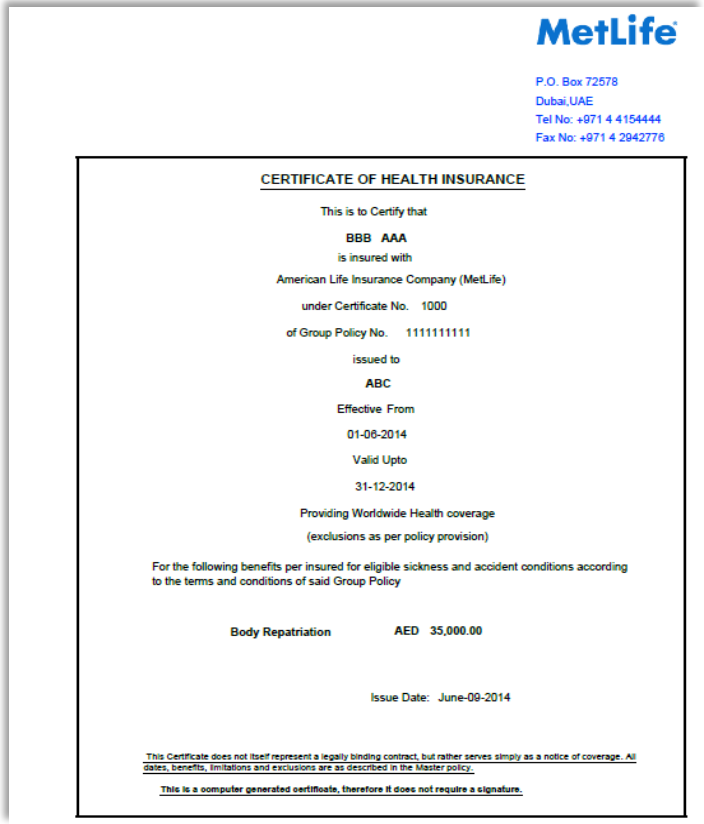
JAFZA Certificate: Applicable only for policies having medical benefits and has a sub office in JAFZA. A request will be sent to MetLife to provide stamped certificate

Medical Replacement Card : Temporary card designed for insured members who lost their medical cards (card can only be used with selected Medical Providers)



1. Select the type of Certificate
2. Choose the required option and enter the required client code/policy number
3. Click Search Policy
4. Select required policies from "**Policy List**" move them under "**Access Selected Policies**"
5. Choose required option (applicable only for insured certificates)
6. Click "**Download Certificate**" (file will be downloadable in PDF)





MetLife

P.O. Box 72578
Dubai,UAE
Tel No: +971 4 4154444
Fax No: +971 4 2942776

CERTIFICATE OF HEALTH INSURANCE

This is to Certify that

BBB AAA

is insured with

American Life Insurance Company (MetLife)

under Certificate No. 1000

of Group Policy No. 1111111111

issued to

ABC

Effective From

01-06-2014

Valid Upto

31-12-2014

Providing Worldwide Health coverage

(exclusions as per policy provision)

For the following benefits per insured for eligible sickness and accident conditions according to the terms and conditions of said Group Policy

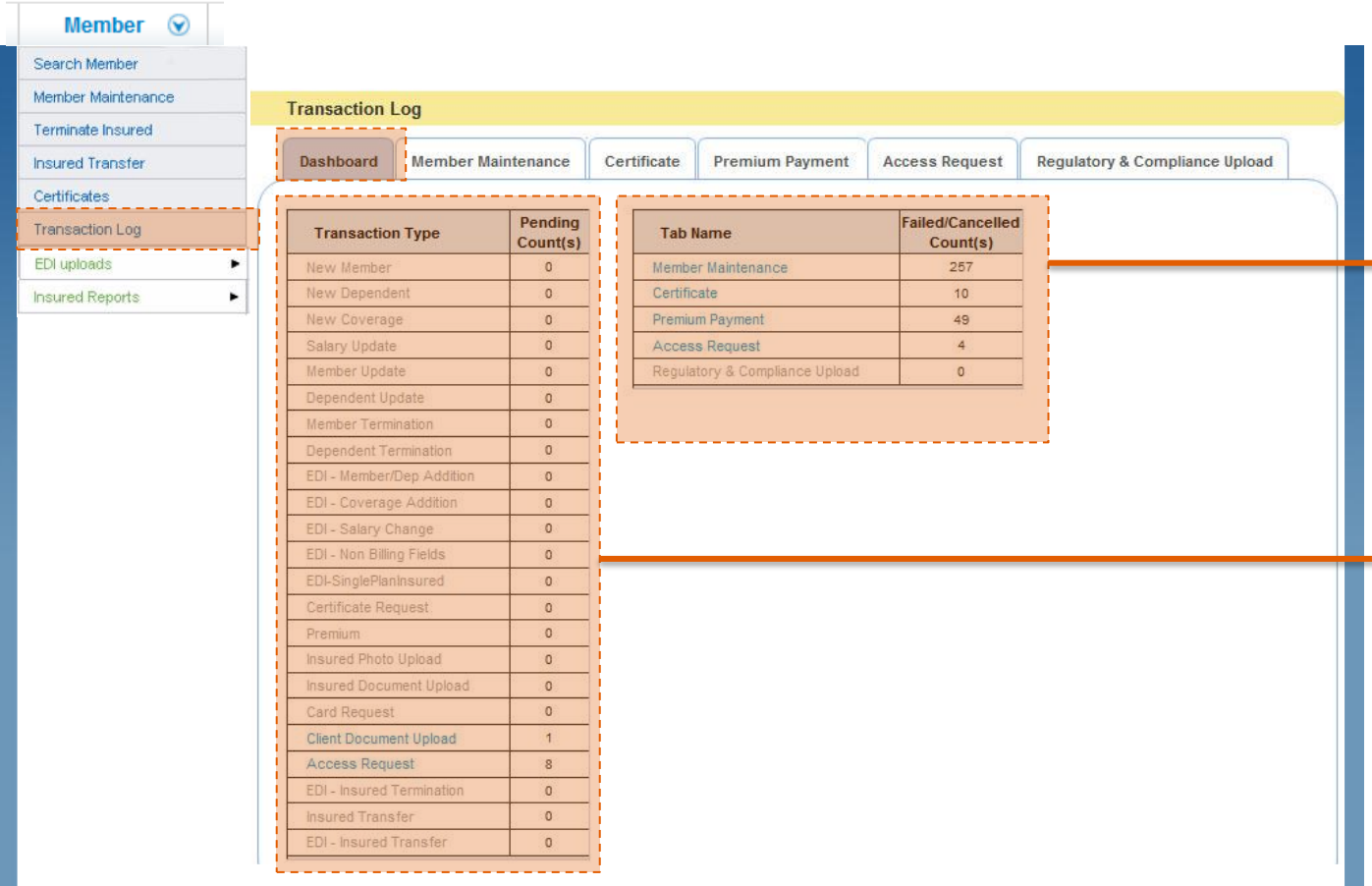
Body Repatriation **AED 35,000.00**

Issue Date: June-09-2014

This Certificate does not itself represent a legally binding contract, but rather serves simply as a notice of coverage. All dates, benefits, limitations and exclusions are as described in the Master policy.

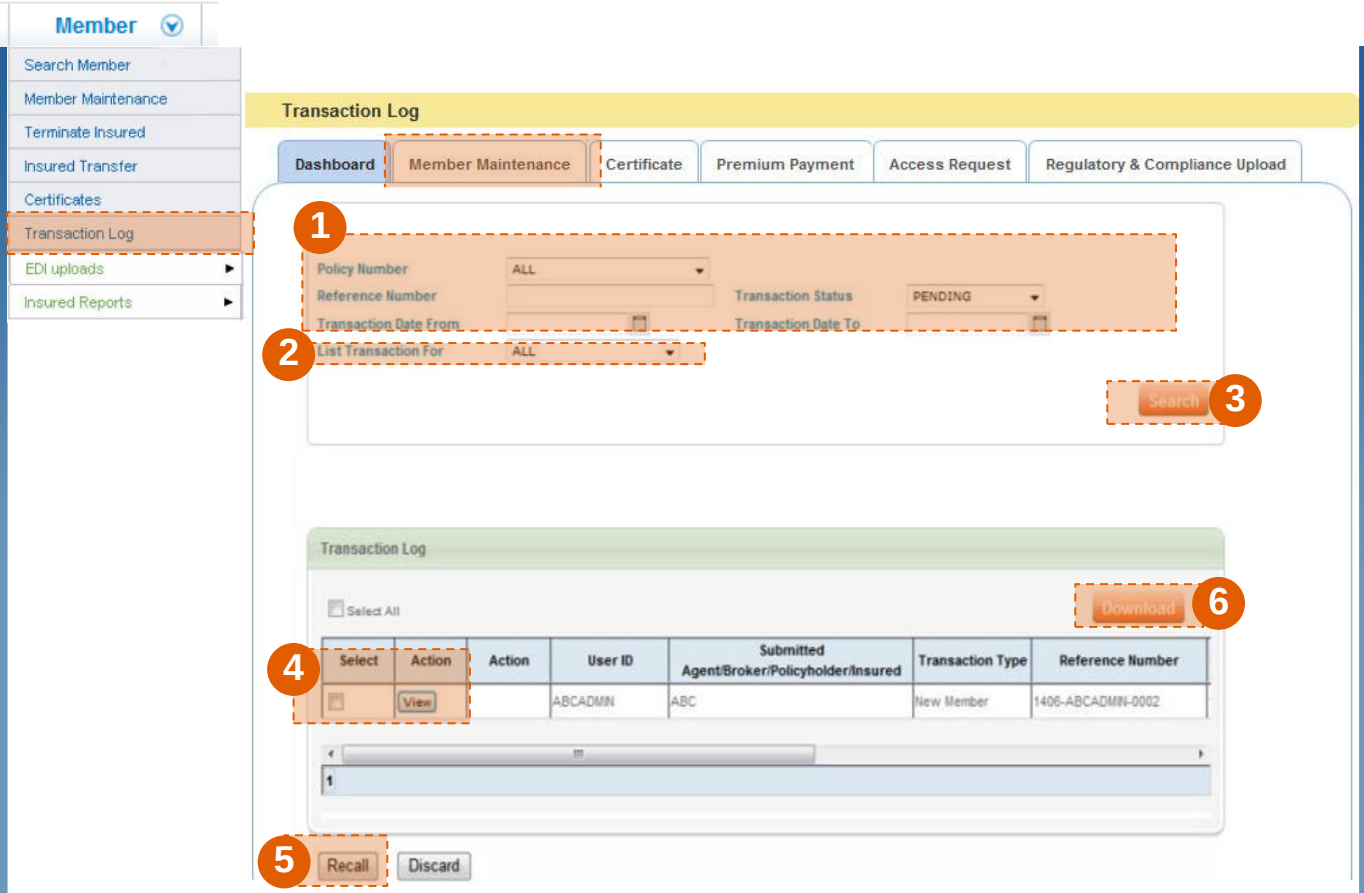
This is a computer generated certificate, therefore it does not require a signature.

Sample of a Medical Certificate

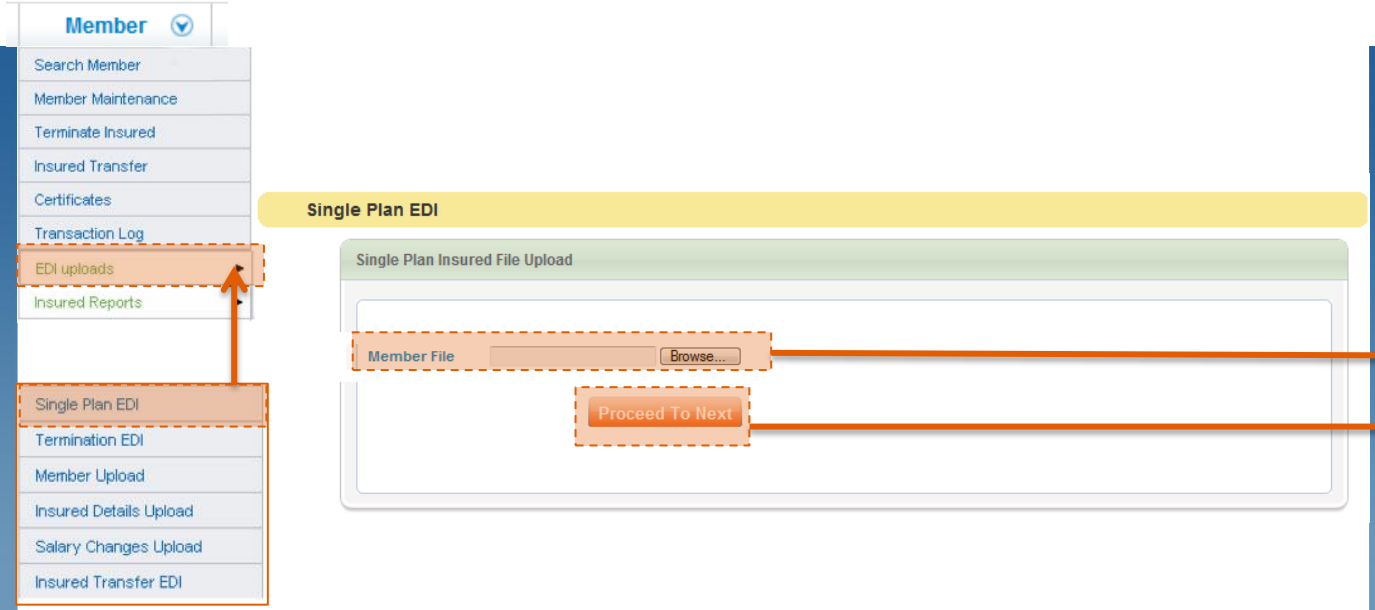


Transactions that are cancelled or rejected by MetLife

Pending to be processed by MetLife

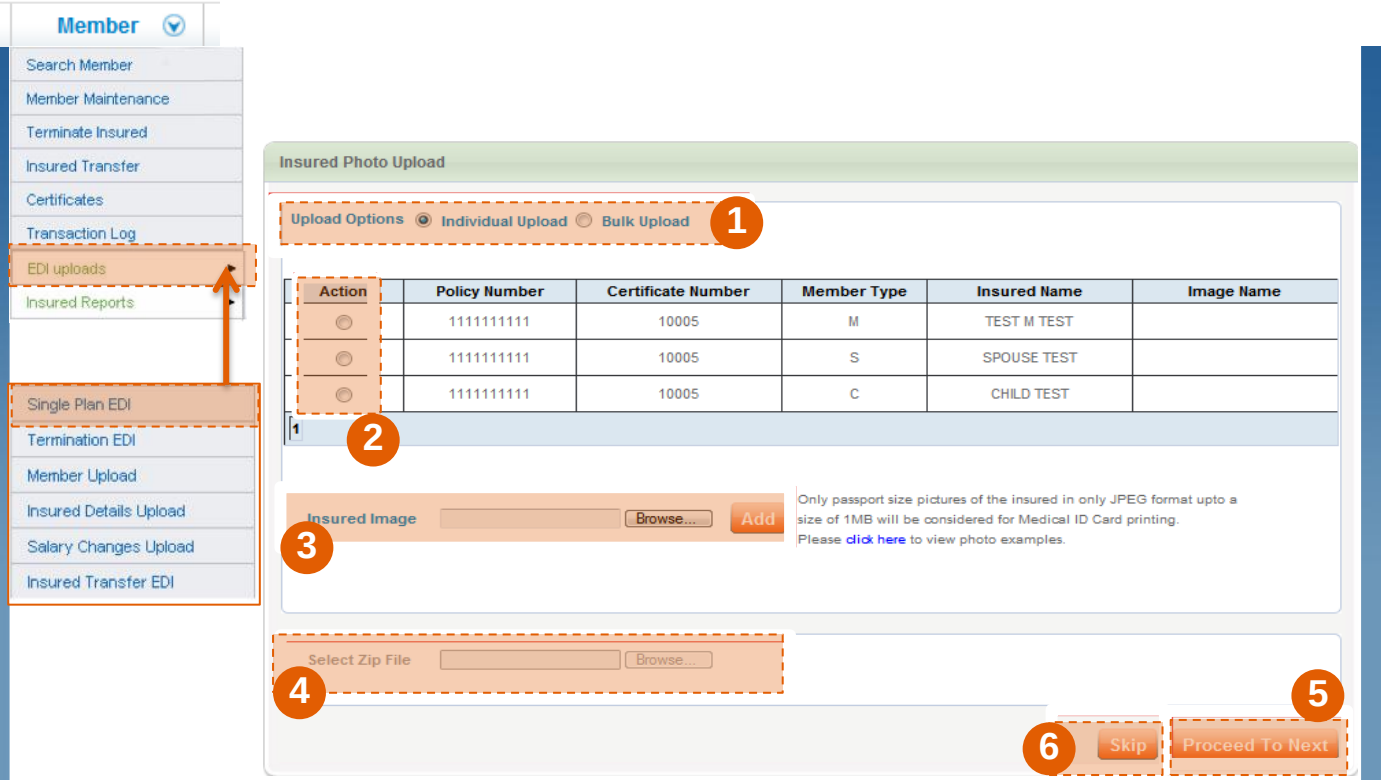


1. Enter required search criteria
2. View transactions done by you & your team
3. Click “**Search**” to view the transaction list
4. Details of transactions viewable in an expanded / collapsed view
5. Recall Pending transactions to correct data and resubmit
6. Download all the transactions



Select the file to be uploaded

Click "**Proceed to Next**"



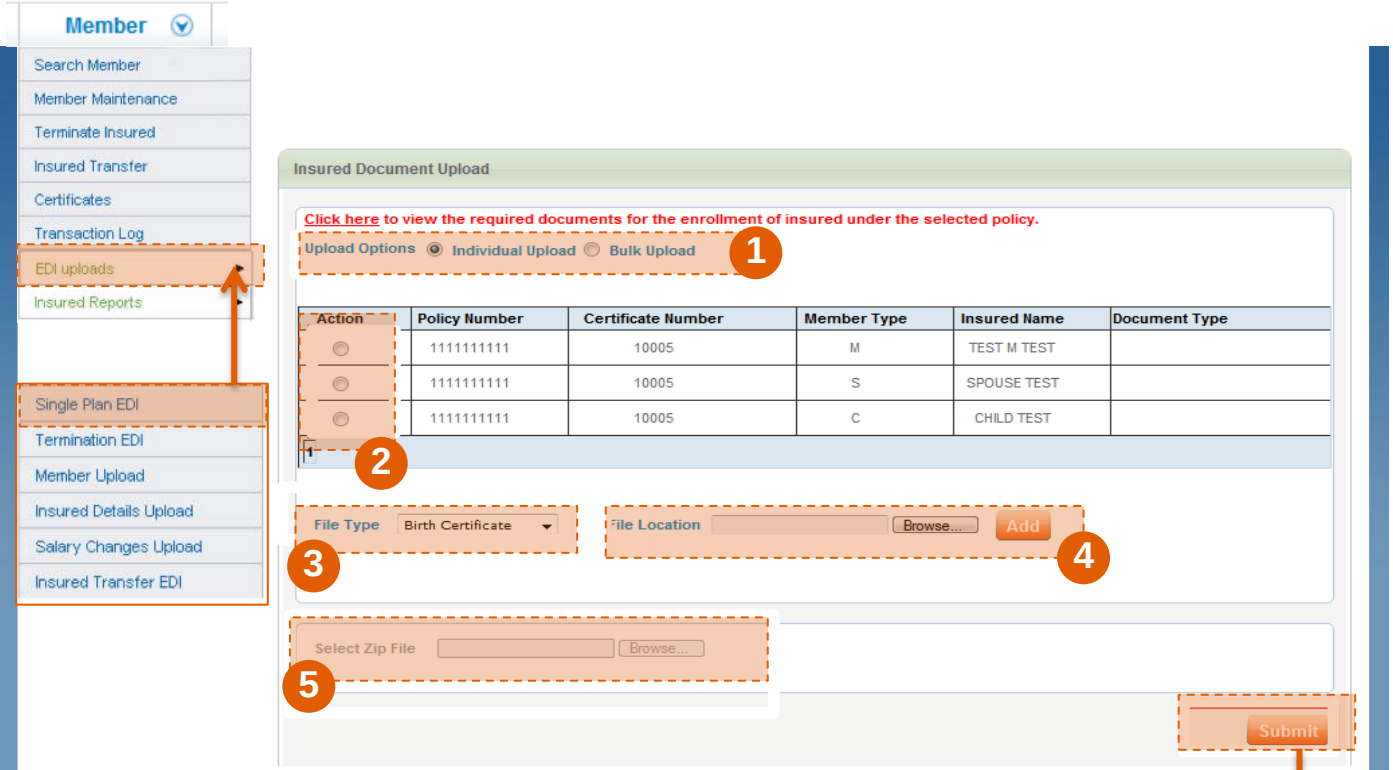
1. Choose upload option

FOR INDIVIDUAL UPLOAD:

2. Click on each record
3. Browse and upload zip file

FOR ZIP UPLOAD:

4. Browse and Upload Zip file
5. Click on “**Proceed to Next**”
6. Click “**Skip**” if no photos to be uploaded



1. Choose upload option

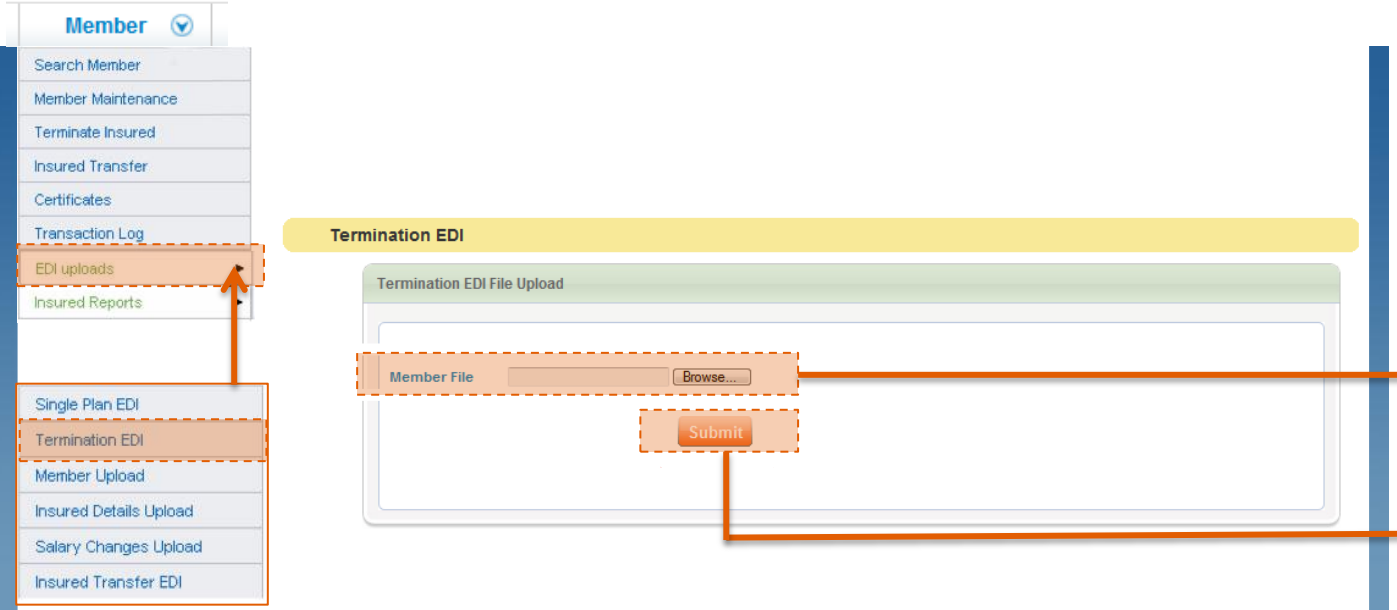
FOR INDIVIDUAL UPLOAD:

2. Click on each record
3. Select type of document to be uploaded
4. Browse and upload zip file

FOR ZIP UPLOAD:

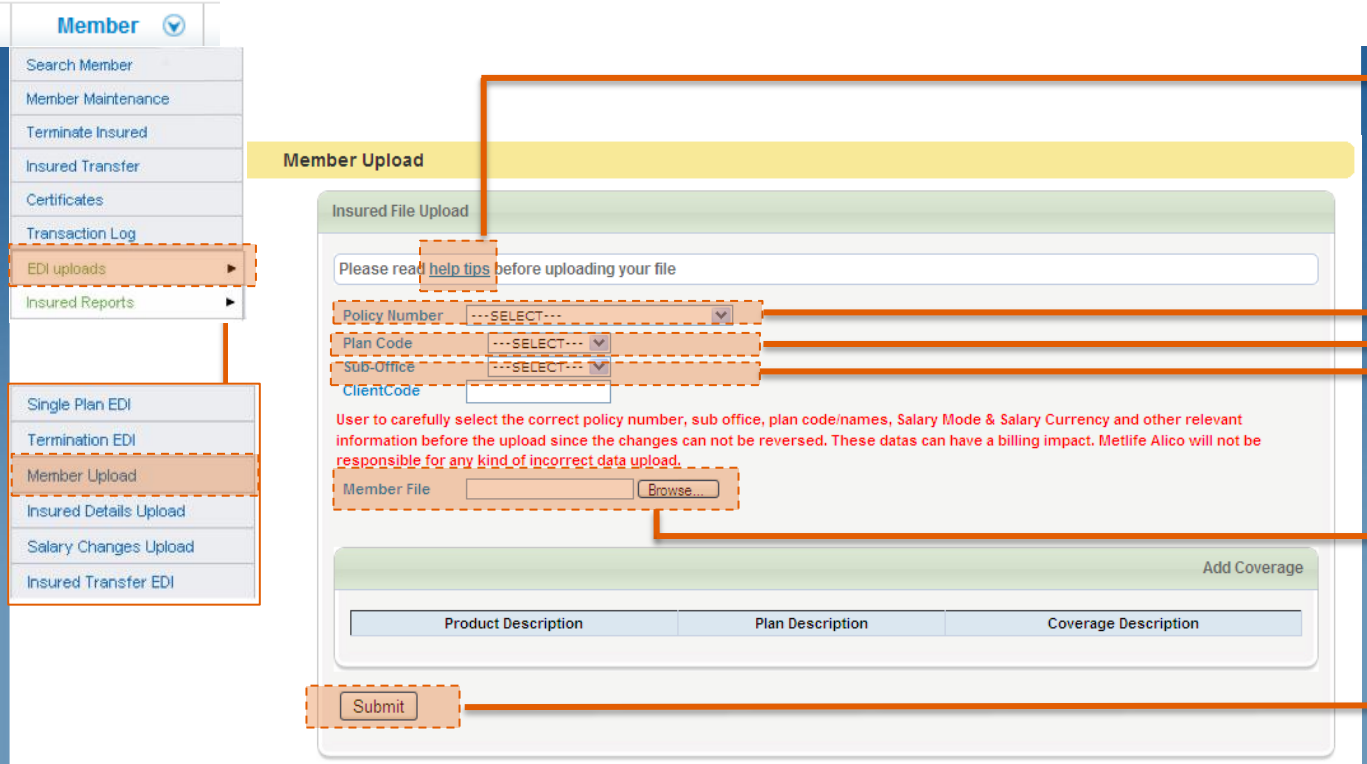
5. Browse and Upload Zip file

Click on “**Submit**”



Select the file to be uploaded

Click on "**Submit**"



Tips to help you upload the requested documents

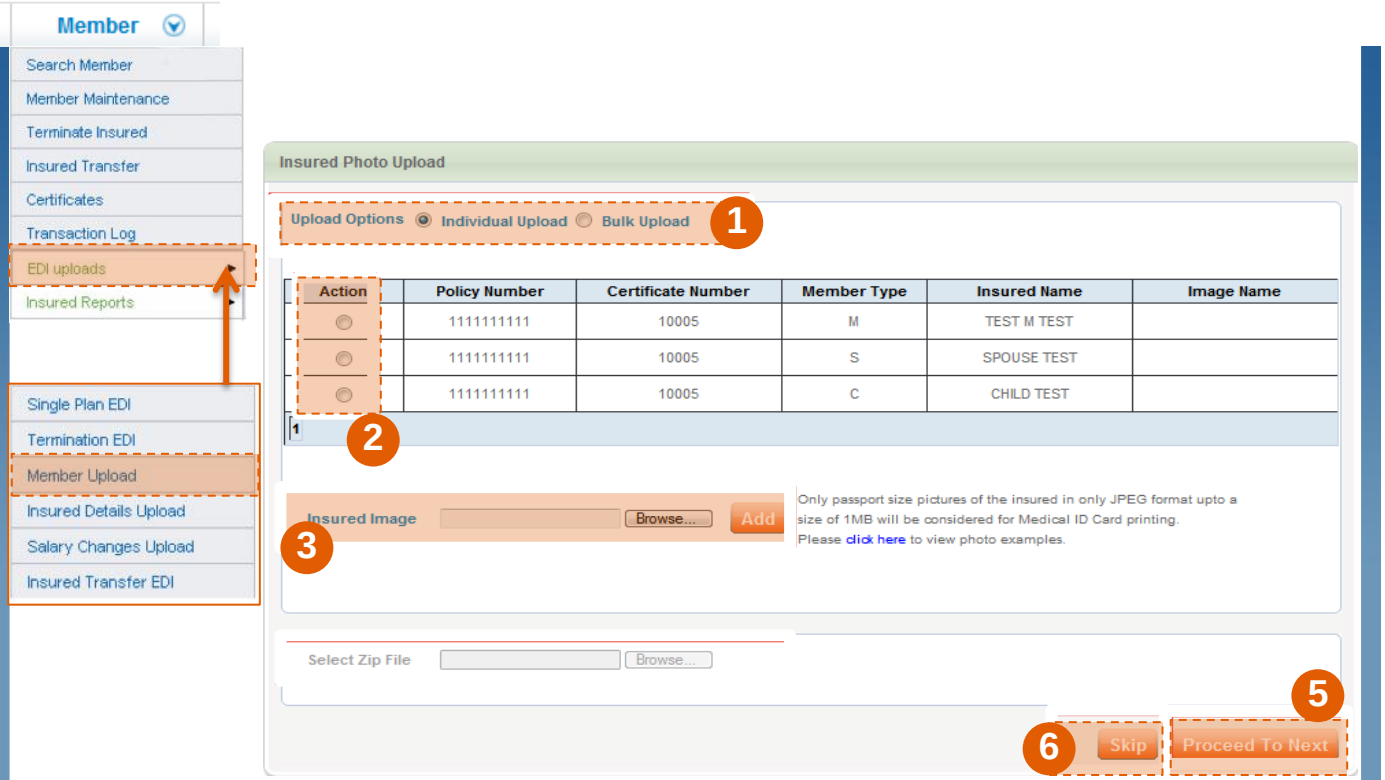
Select the Policy Number

Select the Plan Code

Select the Sub-Office (optional)

Attach the member details

Click on "**Submit**" to upload



1. Choose upload option

FOR INDIVIDUAL UPLOAD:

2. Click on each record
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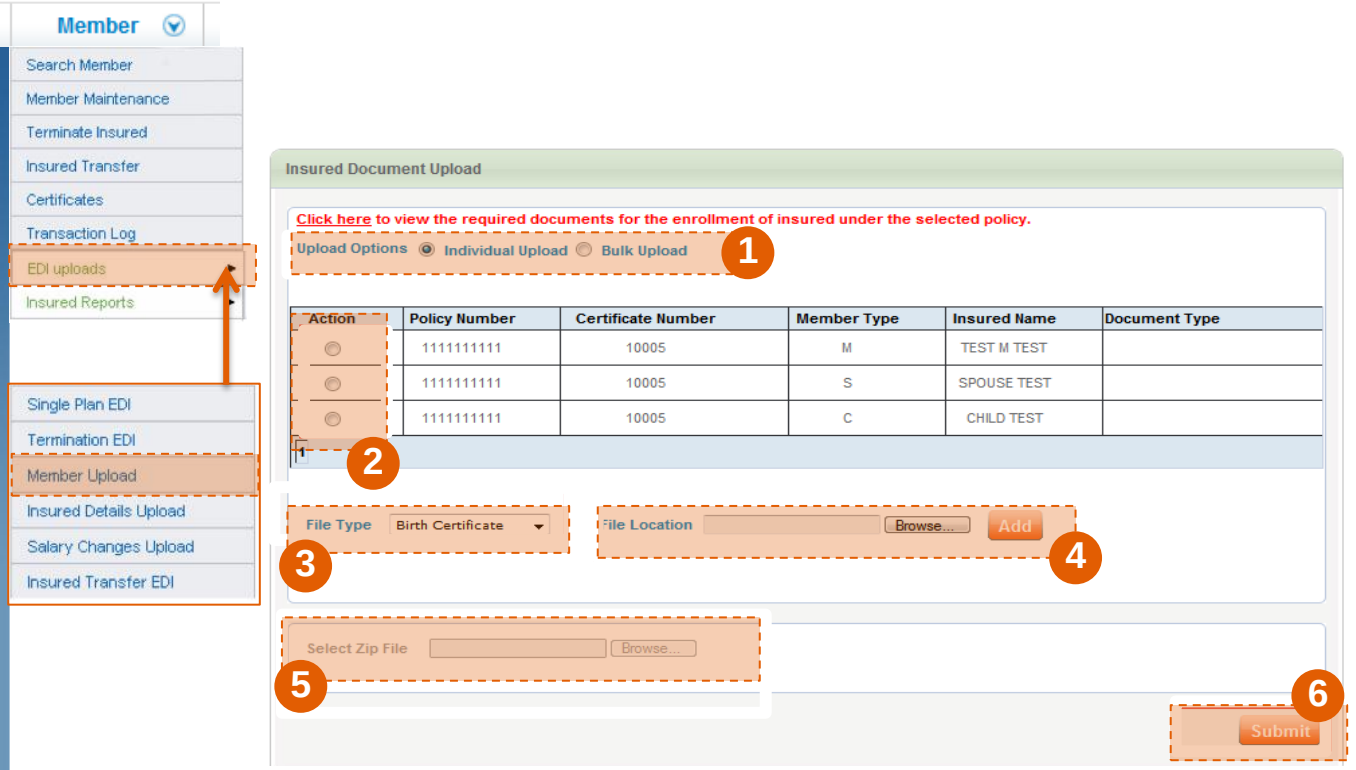
4. Browse and Upload Zip file
5. Click on “**Proceed to Next**”
6. Click “**Skip**” if no photos to be uploaded



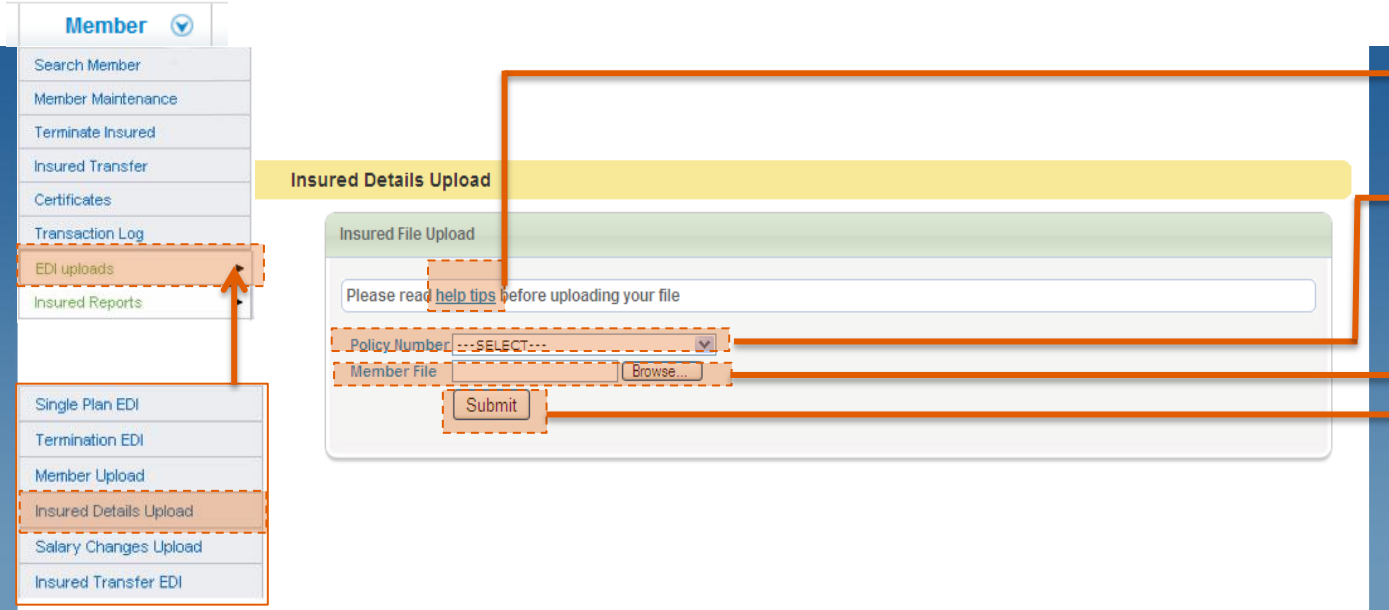
1. Choose upload option

FOR INDIVIDUAL UPLOAD:

2. Click on each record
3. Select type of document to be uploaded
4. Browse and upload zip file

FOR ZIP UPLOAD:

5. Browse and Upload Zip file
6. Click on “**Submit**”



Tips to help you upload the requested documents

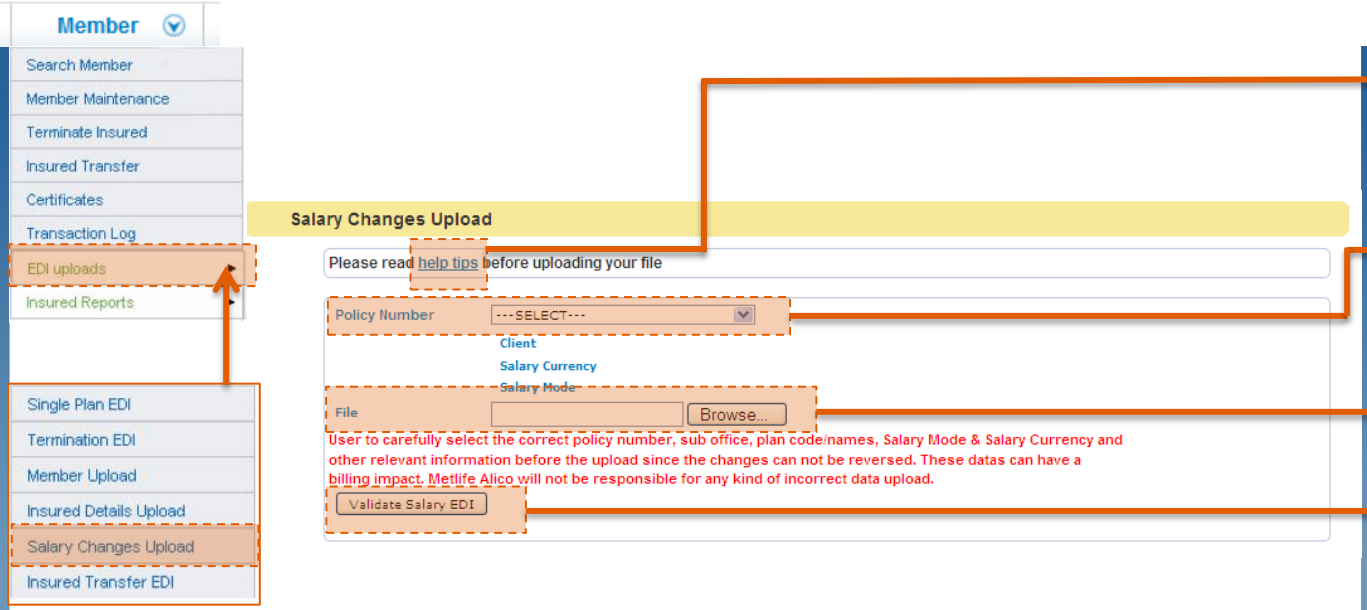
Select the Policy Number

Attach the Member details

Click on "**Submit**" to upload

NOTE:

- These are changes that will not affect your billing. The uploads will include documents like: Passport Number, Address, Marital Status, etc.
- You can use this option to edit a number of members and Dependents in one upload


Member
Search Member
Member Maintenance
Terminate Insured
Insured Transfer
Certificates
Transaction Log
EDI uploads
Insured Reports
Single Plan EDI
Termination EDI
Member Upload
Insured Details Upload
Salary Changes Upload
Insured Transfer EDI
Salary Changes Upload
Please read help tips before uploading your file
Policy Number
---SELECT---
Client
Salary Currency
Salary Mode
File
Browse...
User to carefully select the correct policy number, sub office, plan code/names, Salary Mode & Salary Currency and other relevant information before the upload since the changes can not be reversed. These datas can have a billing impact. Metlife Alico will not be responsible for any kind of incorrect data upload.
Validate Salary EDI

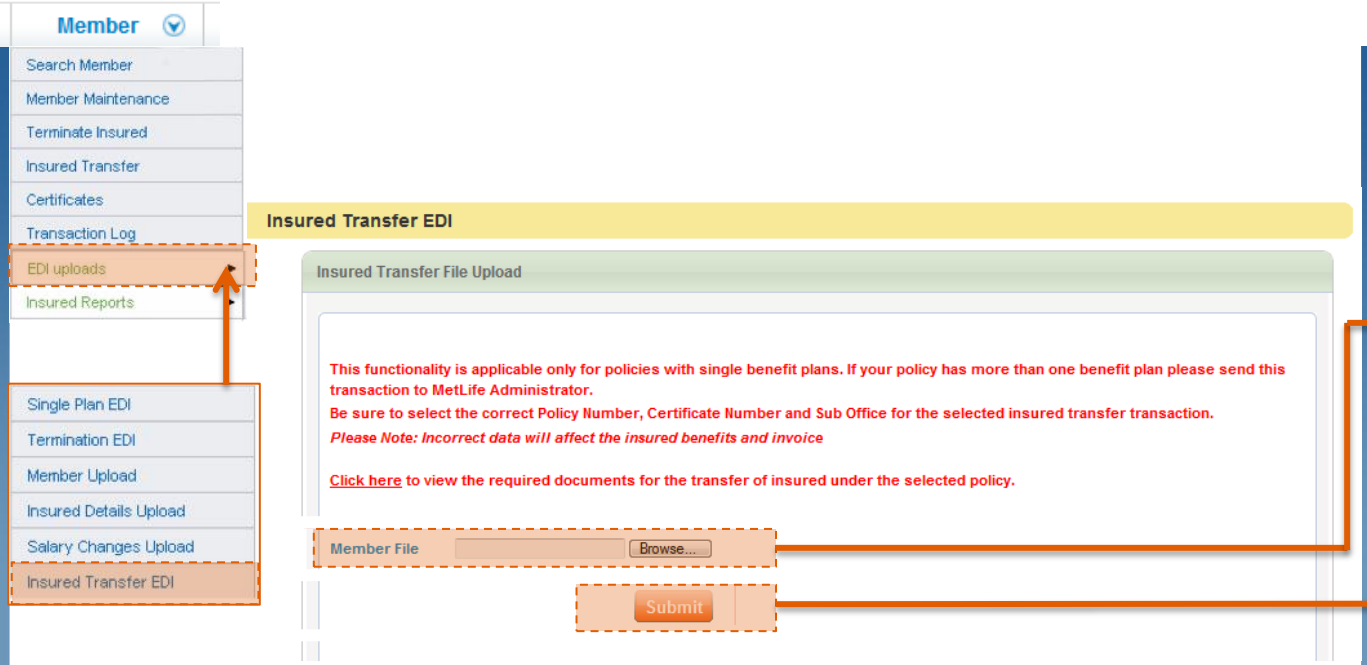
Tips to help you upload the requested documents

Select the Policy Number

Attach the File

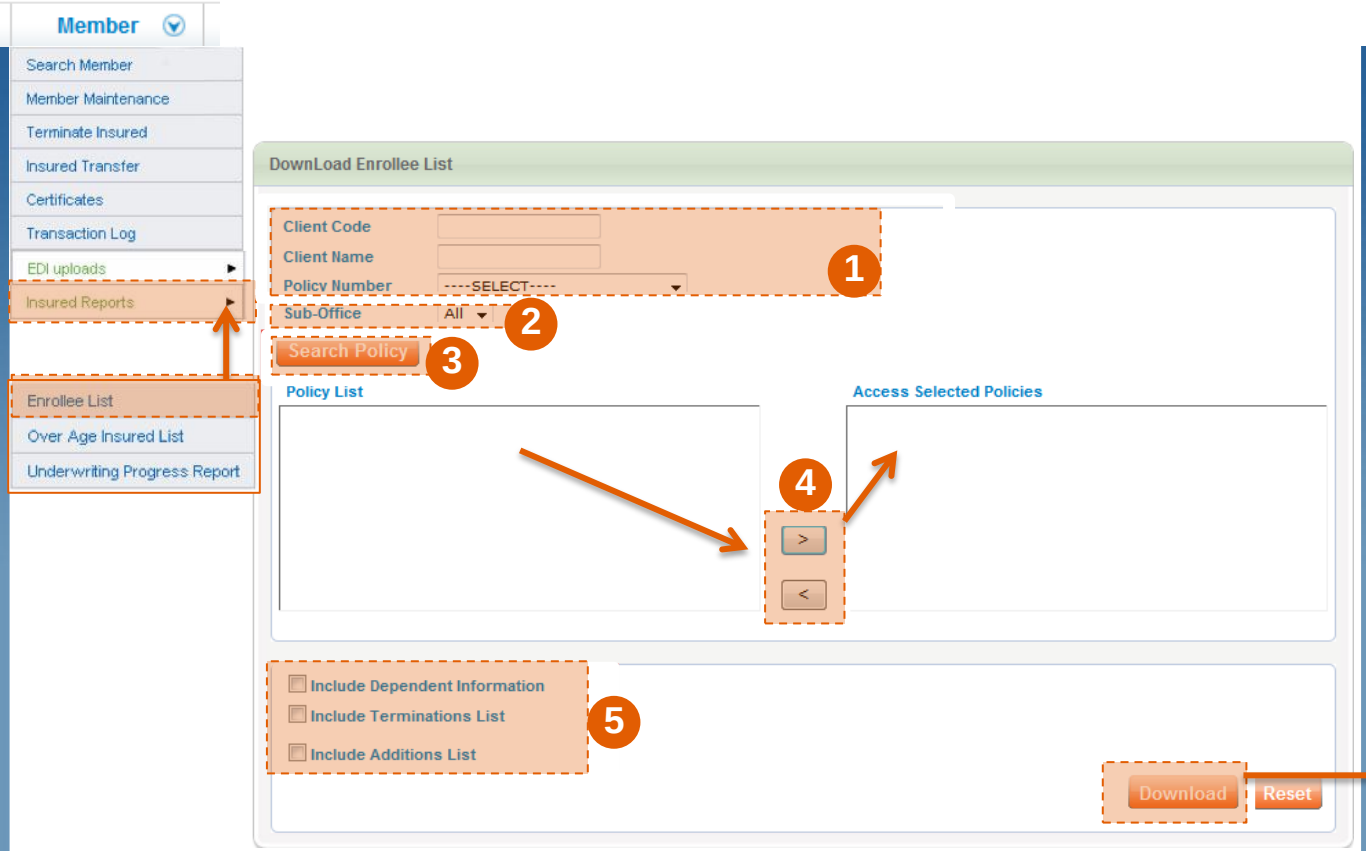
Click on "**Validate Salary EDI**" to upload

NOTE: You can use this option to update Members' Salaries


Member
Search Member
Member Maintenance
Terminate Insured
Insured Transfer
Certificates
Transaction Log
EDI uploads
Insured Reports
Single Plan EDI
Termination EDI
Member Upload
Insured Details Upload
Salary Changes Upload
Insured Transfer EDI
Insured Transfer EDI
Insured Transfer File Upload
This functionality is applicable only for policies with single benefit plans. If your policy has more than one benefit plan please send this transaction to MetLife Administrator.
Be sure to select the correct Policy Number, Certificate Number and Sub Office for the selected insured transfer transaction.
Please Note: Incorrect data will affect the insured benefits and invoice
Click here to view the required documents for the transfer of insured under the selected policy.
Member File
Browse...
Submit

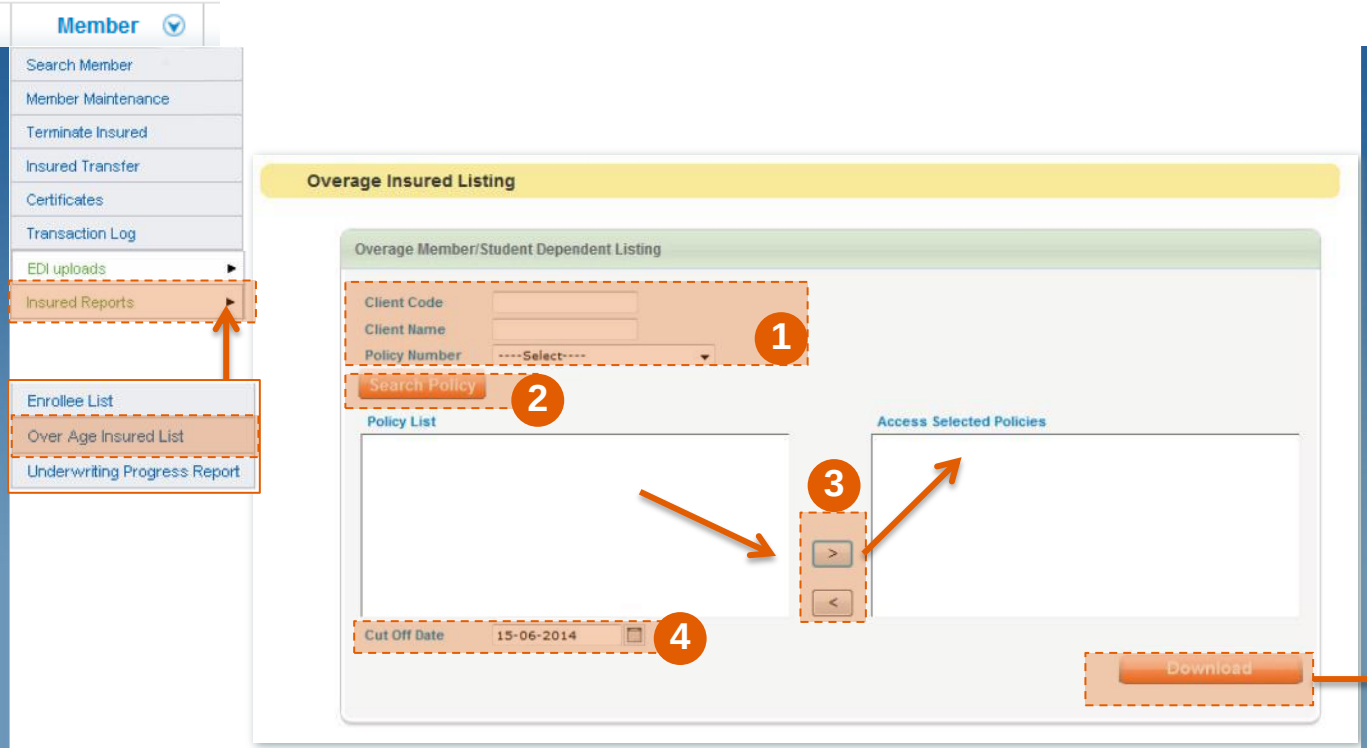
Select the file to be uploaded

Click "**Submit**"



1. Select Client Code / Policy Number
2. Choose the sub-office (optional)
3. Click on “**Search Policy**”
4. Select required policies from “**Policy List**” move them under “**Access Selected Policies**”
5. Select the applicable options required

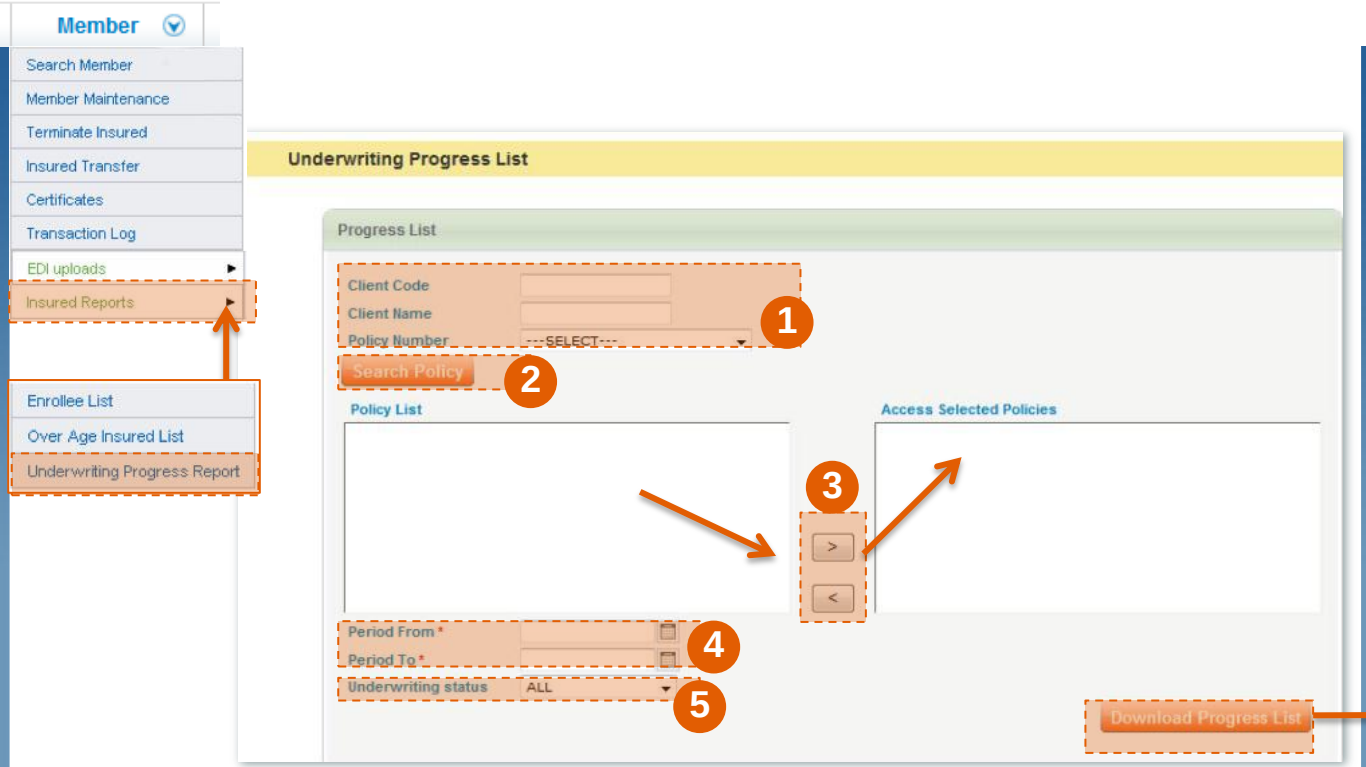
Click “**Download**”



1. Select Client Code / Policy Number
2. Click on "**Search Policy**"
3. Select required policies from "**Policy List**" move them under "**Access Selected Policies**"
4. Choose the Cut-off Date (date of the requested report)

Click "**Download**" (File will be downloaded in PDF)

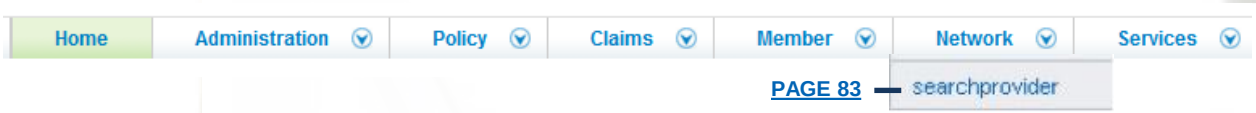
NOTE: The age of the "Overage Insured" will be specified in the Policy Terms & Conditions. Please note that these ages will differ from one Policy to another.



1. Select Client Code / Policy Number
2. Click on "**Search Policy**"
3. Select required policies from "**Policy List**" move them under "**Access Selected Policies**"
4. Enter the Period requested ("**From**" & "**To**")
5. Choose the requested Underwriting Status

Click "**Download**" (File will be downloaded in PDF)

NETWORK


Home
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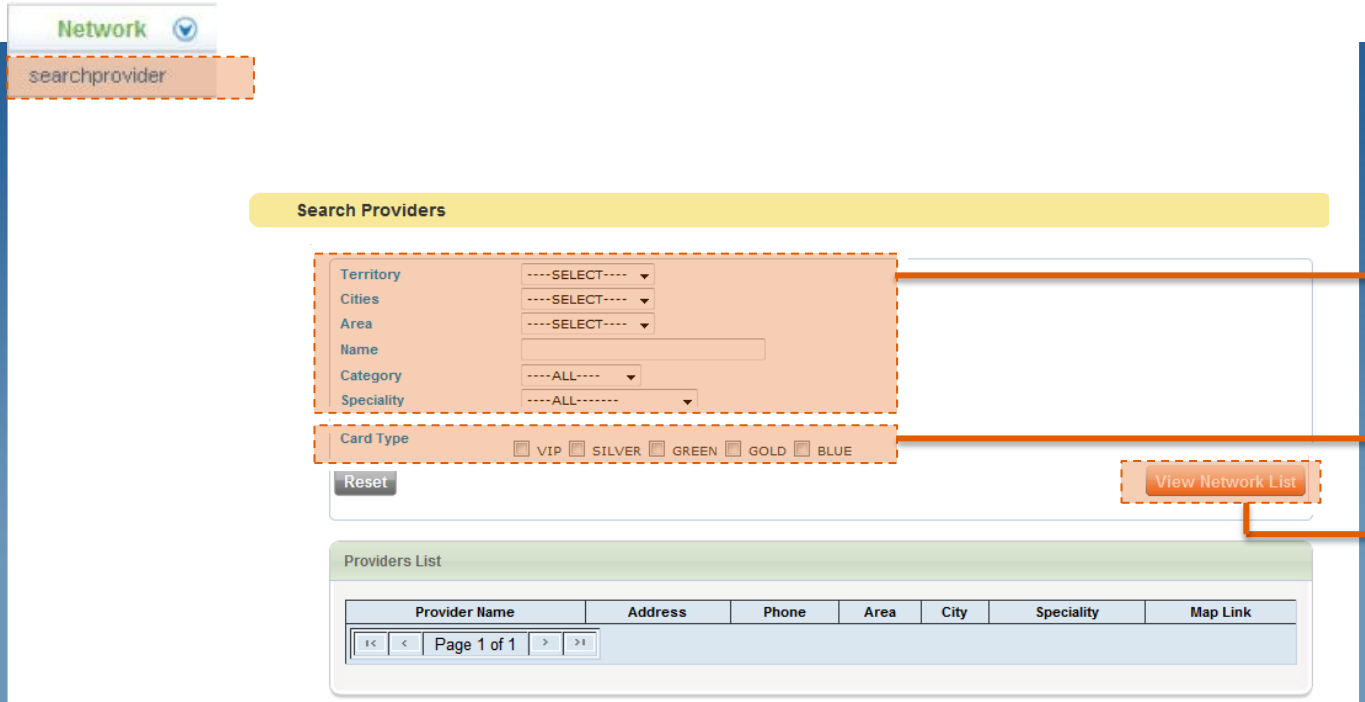
searchprovider



Enter required information to find a medical provider

Choose the card type

Click "**View Network List**"

SERVICES

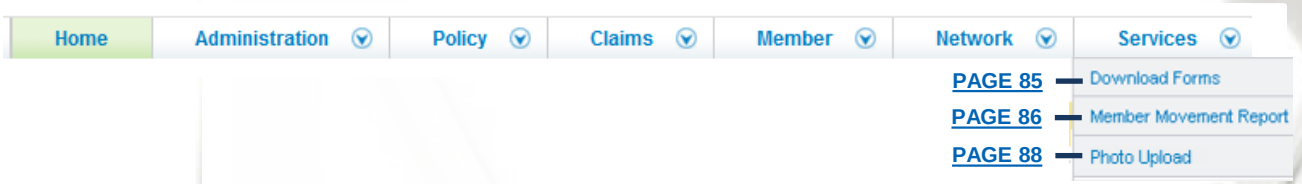

Home
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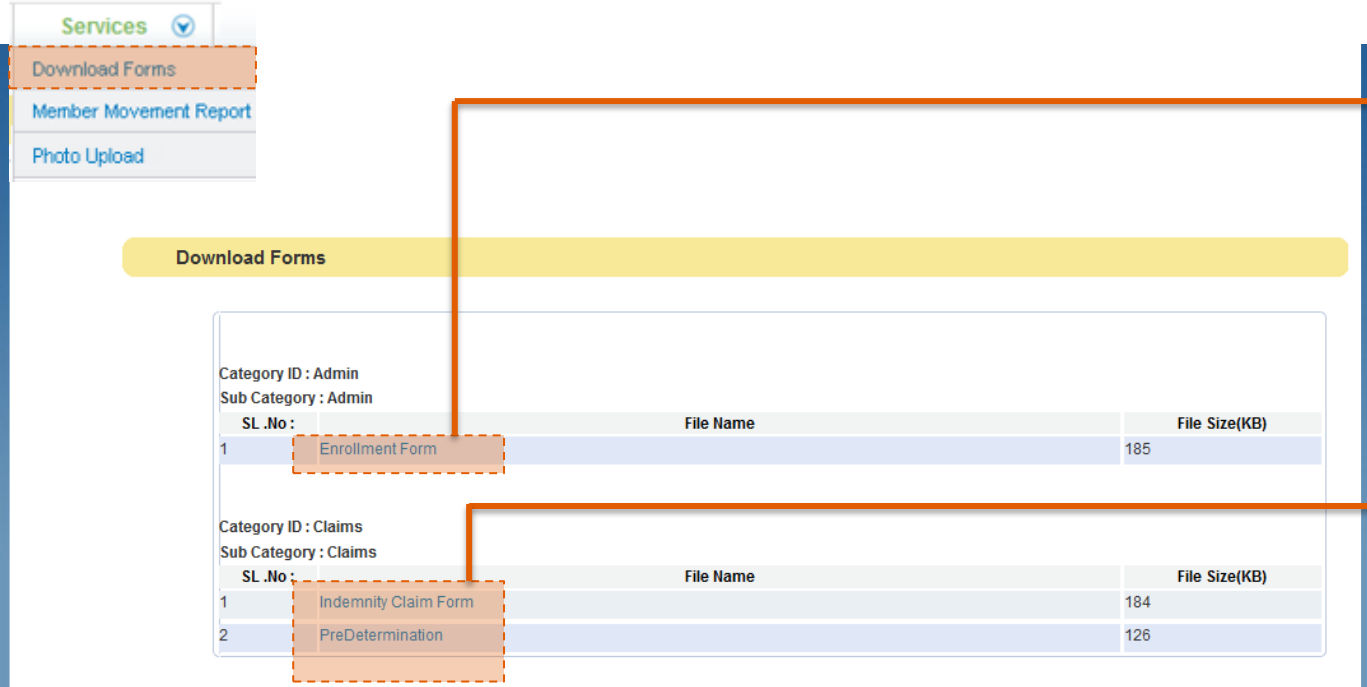
Photo Upload

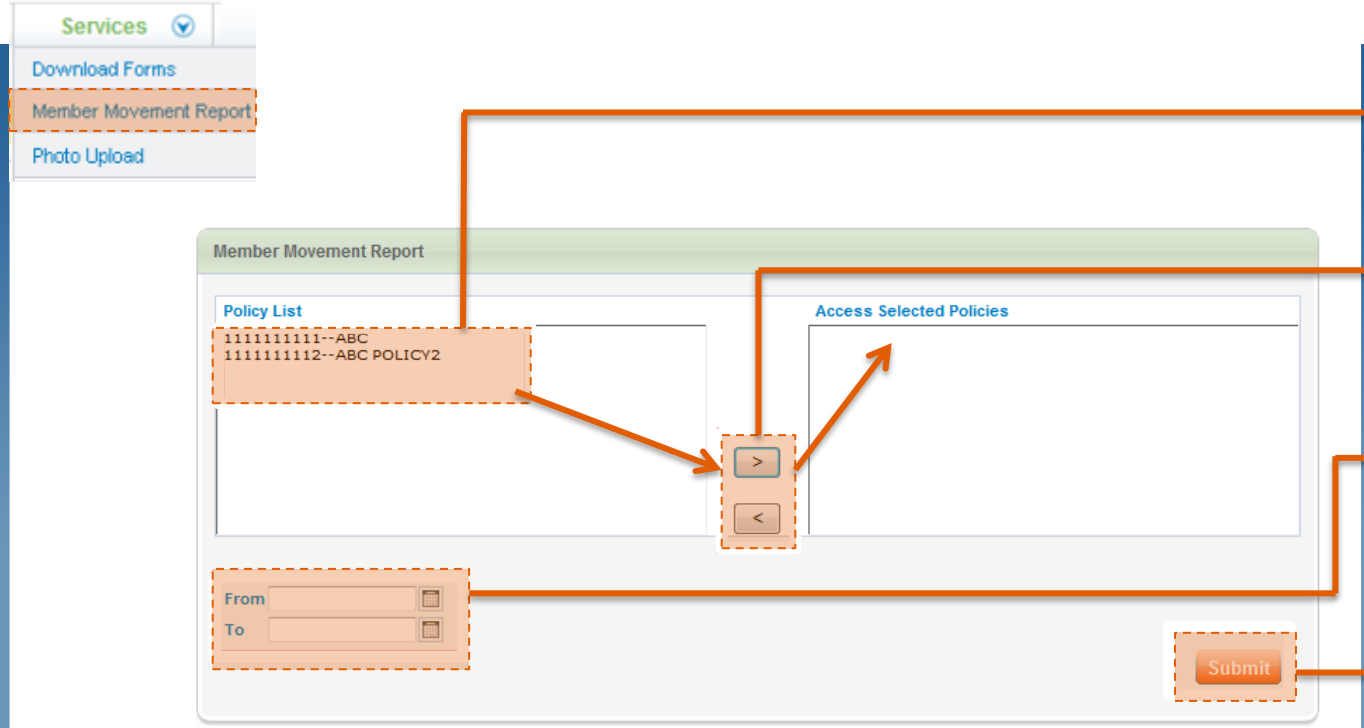


Download Enrollment Forms (in PDF) for:

- e-Services
- i-ACT, a program for Diabetes

Download the following forms (in PDF):

- Indemnity Claim (Medical Reimbursement)
- Pre Determination



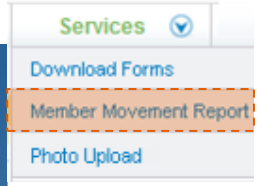
Select the policies you want to generate the reports for

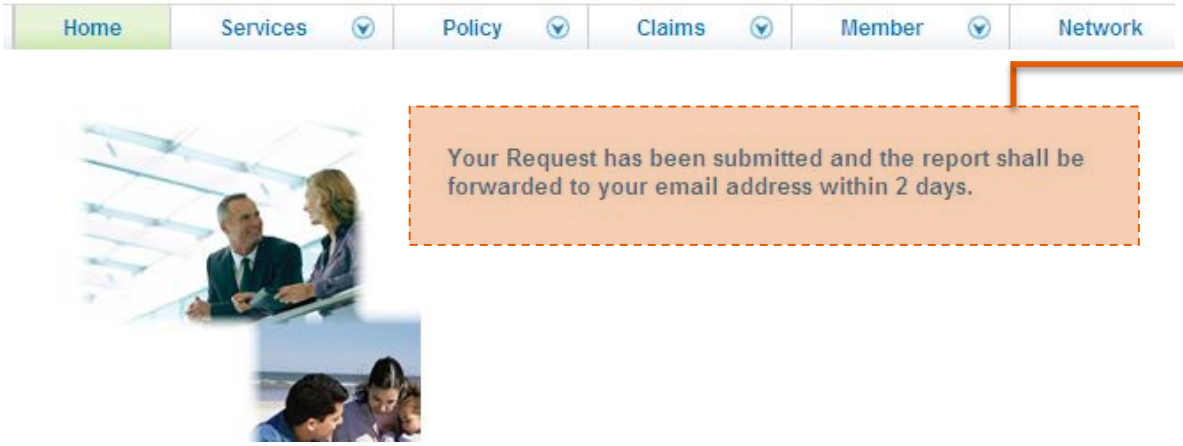
Click on the "**>**" button to transfer them to the "**Access Selected Policies**" field

Enter the dates

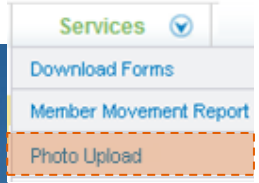
Click "**Submit**"

NOTE: This report helps in finding the additions / terminations and any financial related adjustments that occurred on the policy during a specific period of time.





Confirmation that the request was successful



Policy no. | **Certificate no.** | **Insured first name** | **Last name**

1234500000 | 55667 | ABCD | WXYZ

Photo will be saved as: 1234500000055667ABCDWXYZ

NEW MEMBER:

The file name should be in this format, without spaces.

Policy no. | **Certificate no.** | **Dependent code**

1234500000 | 55667 | 2

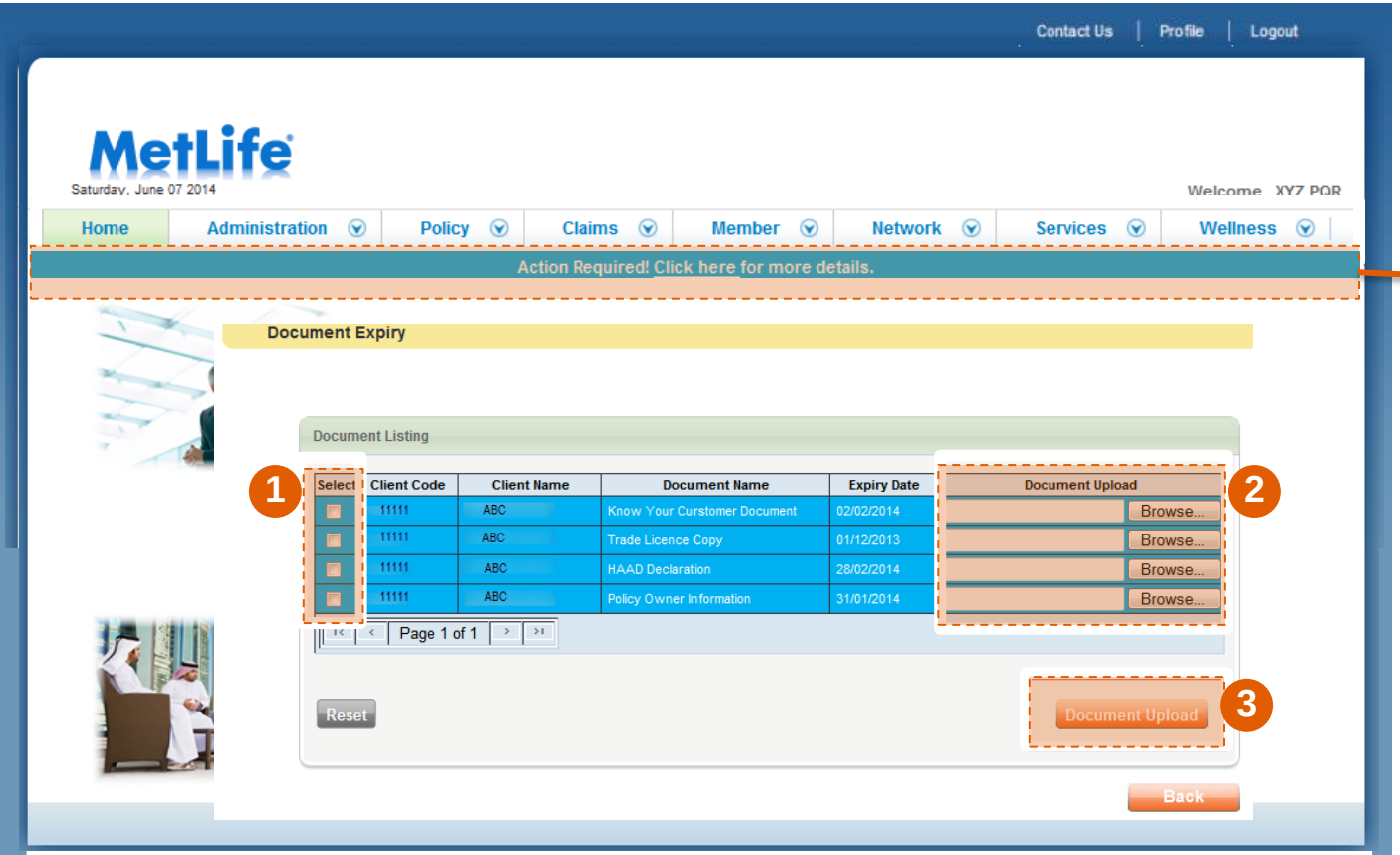
Photo will be saved as: 1234500000556672

EXISTING MEMBER:

The file name should be in this format, without spaces

To edit your address, contact information and change password

To send us an email for inquiries, clarifications or suggestions



Click here to view / upload the documents that are expired or due for expiry

Once clicked:

1. Select the documents you want to upload
2. Browse and upload the document for the selected entry
3. Click “**Document Upload**”

FREQUENTLY ASKED QUESTIONS

Who should I contact for inquiries or clarifications?

For any inquiries or clarifications, you can send us an email at **e-Servicescorp.gulf@metlife.ae**

Is e-Services a secure online portal?

Yes. The data is secured using a 128 bit encryption using SSL (Secured Socket Layer)

My Account is Blocked, how can I re-activate it?

To unlock your account, please email us at: **e-Servicescorp.gulf@metlife.ae**

I am having trouble selecting a password. What should I do?

There are guidelines to follow for creating a password. These guidelines are available in the "Password Change Screen". If you are still facing difficulties in creating a password, please email us at: **e-Servicescorp.gulf@metlife.ae**

Please email us at:
e-Servicescorp.gulf@metlife.ae

I want to cancel my access. Who do I contact?

To cancel your access, please email us at: **e-Servicescorp.gulf@metlife.ae**

I am unable to login, why?

There are several reasons why you may not be able to login:

1. You may have incorrectly entered your username. In case you need to double-check your username against the confirmation email you received when your account was set-up.
2. There may be a mismatch between the username and password.
3. You account is locked.

If you are facing difficulties in login, please send us an email at **e-Servicescorp.gulf@metlife.ae**

If I cancel my e-Services access, will my policy also be cancelled?

No, your policy will not be cancelled if you decide to cancel your e-Services access

Please email us at:
e-Servicescorp.gulf@metlife.ae

The system signed me out automatically. Why?

If your page remains inactive for 30 minutes, e-Services will automatically sign you out as a security measure. As with many secured web application, e-Services provides this feature in order to ensure your data is secured and protected from potential access by an unauthorized individual.

I have done a wrong transaction, how can I cancel it?

If you want to cancel a transaction, please contact your Policy Administrator in MetLife.

Can I buy a policy through e-Services?

Policies can only be bought through a sales representative, broker or agent. Alternatively, you can always send us your requirements through our "**Contact Us**" option on **www.metlife.ae**

Please email us at:
e-Servicescorp.gulf@metlife.ae

What is the **"Change Eff. Date"**?

"Change Eff. Date" (or Change Effective Date) is the date which the changes you requested will be effective from.

For example, on 30-11-2011, you can terminate a member with a Change Effective Date of 25-11-2011. Although you are submitting the termination request 5 days later, the member will be terminated in our records as the date you selected.

However, please note that "Change Eff. Date" cannot be:

- More that 31 days prior to current date or as defined in your policy contract
- Prior to the date of last claim submitted by the member
- Prior to the last entered Change Eff. Date.

Please email us at:
e-Servicescorp.gulf@metlife.ae

Can I add more than one member in a single transaction?

Yes you can add more that one member in a single transaction. Simply:

1. Save the members date on an Excel sheet as per the "MemberUpload.xls"* template
2. Go to the Member Upload under the Member menu
3. Select the appropriate Policy Number and Plan Code
4. Click on View Member List and select the Member's record
5. Browse the Excel Sheet and upload the file

The System will automatically do basic validation on the entered data.

*Please ensure the data is available as per the Excel template "MemberUpload.xls". The template can be downloaded from Download Forms under Services Menu

Can I add more than one member in separate plans in a single transaction?

That is not possible. If you want to add members in different plans, you have to upload each plan file separately.

For instance, if you have 10 members, for Plan A and 25 members for Plan B, you must upload Plan A file with 10 records, and then upload Plan B with 25 records.

Please email us at:
e-Servicescorp.gulf@metlife.ae

Can I change multiple Members' Salaries in a single transaction?

Yes it is possible. All you need to do is:

1. Save the members data on an Excel sheet as per the "SalaryUpload.xls"* template
2. Go to Salary Changes Upload under the Member menu
3. Select the appropriate Policy number
4. Browse the Excel sheet and upload the file

The system will automatically do basic validation on the entered data

*Please ensure the data is available as per the Excel template "SalaryUpload.xls".
The template can be downloaded from Download Forms under Services Menu

Please email us at:
e-Servicescorp.gulf@metlife.ae

Can I change multiple Members' details in a single transaction?

Yes, you can change more that one member's details in a single transaction.

Simply

1. Save the members data on an Excel sheet as per the "InsuredDetailsUpload.xls" * template
2. Go to Insured Details Upload under the Member menu
3. Select the appropriate Policy number
4. Browse the Excel sheet and upload the file

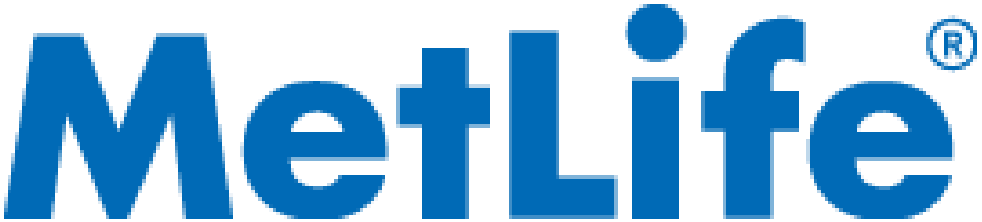
The system will automatically do basic validation on the entered data

*Please ensure the data is available as per the Excel template "InsuredDetailsUpload.xls".

The template can be downloaded from Download Forms under Services Menu

Please email us at:

e-Servicescorp.gulf@metlife.ae


MetLife®